B	1	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 0	14174
		CEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 2b. HOUR
(1/42)	(IYP	WILLIA	M 5.	ADAMS.	6	4 80 10-59 Pm
APA	3 SE		4 RACE	S DATE OF BIRTH	4. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 ME
age filect rs a		MALE	CALCACION	MONTH DAY YEAR 9	₹ 88 YRS.	MONTHS DAYS HOURS
Hat bou	70 B	IRTHPLACE ISTATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNT	Y OF DEATH
des des	P	KESVILLE	U.S. A.	WIDOWED DIVORCED	BALTIMOISE	COUNTY MD.
s after the fu within	10 0	ITY OR TOWN OF DEATH	IF NOT IN SUCH FACILITY, GIVE STREET		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	17b. KIND OF BUSINESS OR INDUSTRY
n by	LIST	AL PESIDENCE US NUISSING HOME OF	DIMER INSTITUTION ONE DESIDENCE RECO		LANDSCAPEN	Der BUT BONGLIN
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with with sho	14. F	ATHER'S NAME	AIDDLE LAST	15 MOTHER'S MAIDEN NA		
omplet and 2	06	FEOTPE E	ADAM	5 / 1164	WIDDLE	LAST
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BALTIMOR fricate be ex ysician and pers. Pages oval.		YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	-8073 William 5	Amel ADDIG TH	- HAMPSTERRY
ALTIA cate b rs. Pal. ent,	-	IN CAUSE OF DEATH (False on	ly one cause per line for (a), (b), o		77.104 77.77	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Phys pape emover tic evice.		PART I. DEATH WAS CAUSE	DBY: PAD Ni	- RESP ARRE	257	
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that the control of t		cause (a), stating the underlying cause lost	OUE TO, OR AS A CONSECU		Pulmonary 12	sigense
S, 201 signed I n pleas burial	,	PART 2 OTHER SIGNIFICANT C		DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GI	VEN IN PART 1(a)
DIVISION OF VITAL RECORDS, DING PHYSICIAN: The law recittending physician. After this certificate has been sis so the burial-transit permit. Then the and Mental Hygiene prior to marked or I tem 18 shows any right.	CERTIFICATION					
The I	\ \	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
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YSIG Shys Shys Shys Shys Shys Shys Shys Shys	<b>*</b>	OR CONTRIBUTING CAUSE OF DEA	P.M.	19		
PHY ng phy this currial Men	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		
DING P ttending After th s the bur th and h marked	ž	WHILE NOT WHILE T	(AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
Z 10 m 0 m v			tol) ottended the deceased from	5-22-10 80	6-4-	19 50 , that (1) (we) last
TTE al or TOF T Use f Hee		saw the deceased alive an	6-4 19	Q'a	death occurred an the date and ha	,
DIRECTOR OF THE TENT OF THE TENT OF THE TENT OF THE TENT OF THE		above, (1) (we) (did) (did no 22b. SIGNATURE	I) view the body after death.	DEGREE		22c DATE SIGNED
e ho Che Che Dep		III. SIGNATURE	Marine	ATTENDING	MEDICAL STAFF	6-4-80
PITAL by the ERAL e detac State [	-		101001		DIRECTOR PHYSICIAN	64-80
OSP ed b JNE JNE Hbe S	1	224 PHYSICIAN'S NAME (TYPE O		22e ADDRESS	, - /	0.11120
TO HOSPITAL OFF retained by the hosp TO FUNERAL DIRE with the State Dept.		DK, 2,	D. PATEL	Bal. Col	my benit	lospotal
La Lay 5	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	234 LOCATION CITY OR TOWN	COUNTY STATE
(BP		BURIAL	JUNE 7, 1984	STONE CHAPEL	PIKESUILLE	BOLT MO
D. 1411 40	24.1	UNERAL DIRECTOR , A			TE REC'D. BY REGISTRAR 256. REGIS	
DHMH-16 25M (VRA 15, 4) 1/79	1	IT Echlose	H 10 Maries	Smills MD	JUN T 0 1980	

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June 7, 1930				
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19	1 -	STATE REGISTRAR				CATE OF DEATH	REG. NO			1
-	1. DF	EASED NAME FIRST	MI	DDLE	L	tst		MONTH DAY	YEAR 2b	HOUR
19	TYPE	21441	AN	A.	A	NDER 30 K		6-2-	90	4 3
24	3. SE		4 RACE		5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRT	HDAY) IF UND		DURS M
No. of the last		FEMALE	BLACK		JULY	6 1909	70	YRS.		
2 hou	CC	RTHPLACE (STATE OR FOREIGN DUNTRY)	111	HAT COUNTRY?		NEVER MARRIED	BALTIMORE CITY O	MORE COU		
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# #55		LTIMORE COUNTY	(IF NOT IN SUCH	FACILITY, GIVE STREET  O. GENERA	ADDRESS)		(TYPE OF WORK FOR MOST O		DUSTRY	7511423.
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examine examine	-	THER'S NAME		LIED CHOC		15. MOTHER'S MAIDEN NA		, ,		
V = - / 2		FIRST	WIDDLE	LAST		ABBIE	AVERY		LAST	
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The T		ES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	JOCIAL SECO	KII 1 140.			COPP DC	מול מול	m
1. 1.		NO N/	A			MRS. JEAN AL	EXAMPLE 1213	COBB RC		
ever		18 CAUSE OF DEATH (Enter a PART I, DEATH WAS CAUS	nly ane couse per l	ine for (o), (b), on	d (c),1	0	/ _	2	APPROXIMATE BETWEEN ONSE	TANDO
tic em		MANEDIA	TE CAUSE (0)	erebr	o va	scular a	clidar		Wee.	the
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ion, tra		Conditions, if any, which	DUE TO, OR	tuber le	51	o asterio	35 Perol	10	C	10
cremati or other	- 13	gave rise to immediate	(6)	11		andio vai	20ulas	Ni Pa	100	
or o		couse (a), stating the underlying cause lost	DUE TO, OR	AS'A CONSEQUE	ENCE OF	aceso von	, corcer ,			
burial burial injury,			(c)					27/01/04/51/15	DART I	
en p o br	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN	PART I(d)	
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shows	5	190 DATE OF OPERATION	196. CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?	IN CERTIFYING		
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em em		saw the deceased alive at abave, (I) (we) (did) (did n	ot) view the body o	ofter deoth.	, di	d that in (my) (aur) apinia	ueath occurred on the d			
opt.		22b. SIGNATURE	0 0	1.		DEGREE			221. DATE SIG	NED
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		BURIAL	6/5/80	HI	LLCRES	T MEM. GARDE				V
	24. F	UNERAL DIRECTOR		ADDRESS		25e. DA	TE REC'D. BY REGISTRAR	256 REGISTRAR	SIGNATURE	nes
f-16 25M (5, 4) 1/79	LE	ROY O. DYETT &	SON FUN.	HOME'S 46	500 LI	B. HGHTS.	JUN 3 198	1		

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9 E E			CEASED NAME FIRST		MIDDLE		AST		MONTH DAY YEAR	AR 2b. HOUR
nay b page		3 SE		14 RACE		Ande.		May 1, 19		YEAR IF UNDER 24 HRS
4 m	. Bulle	3 56	Female	White		MONTH		72		AYS HOURS MIN
	習ら		IRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? & MARRIE WIDOWE	D NEVER MARRIED D	Baltimore City of	e County	H
	\$00		or town of death Parkville	11. NAME OF	HOSPITAL, NURSI	ING HOME C T ADDRESS) 1do Rd	OR OTHER INSTITUTION	12a USUAL OCCUPAT		
thin 24 ho y filled in I ould be fill	niner min	USU 13a Ma	AL RESIDENCE IN NURSING HOM STATE Bryland 136,CC Ba	E OR OTHER INSTITUTION DUNTY	GIVE RESIDENCE BEFO	WN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	lando Rd	
with stely shou	2030		ATHER'S NAME FIRST	MIDDLE	last Dinson		15. MOTHER'S MAIDEN NA FIRST Cornelia		Frey	LAST 7
a o -	the med	16a '	WAS DECEASED EVER IN U.S.		166 SOCIAL SEC 220-12-		17 INFORMANT	F Wood 1349		
rtificate ohysiciar papers. F	ic event,		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	r anly ane couse per USED BY. DIATE CAUSE (a)			was every	de card	BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH
by the	injury, or other trau		Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause lost.	(c)	R AS A CONSEOL	JENCE OF	y heart	Idyease		
aw re een s Thel	shows any inju	CERTIFICATION	PART 2 OTHER SIGNIFICAN		S MIE N		NOT RELATED TO THE TERM	200 AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAU	NDINGS USED
AN Cat	<u>~</u>	RTIE	ACCIDENT MAN HARRINGS	☐ 216. TIME C	SE IVALIEN		Man- How hilling occur	YES NO	YES 🗌	NO 🗆
'SIC 1ysic cert cert -tra ntal	or Item		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.		DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART	[2]
ing Ph	marked	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE,	, FARM, ETC )	211 LOCATION STREET	CITY OR TOV	WN COUNTY	STATE
ATTE oital or ECTOI for use	em 21 is		22a.1 certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did	an	19	, or	, 19 ad that in (my) (our) apinion	death accurred an the d		
- a 10-	TN		276. SIGNATURE	ruffi	disor	an	ATTENDING PHYSICIAN	MEDICAL STA	FF _	STORED FO
TO HOSPI retained by TO FUNE should be with the St	MPORTANT		224 PHYSICIAN'S NAME (TY)  James B.	reorprint) iddison M	1.D.		22e ADDRESS 1900 E. No	orthern Park	way Baltim	ore, Md
Bb Teta	2	23a	BURIAL CREMATIÓN, REMOV SPECIFY) Burial	AL 236 DATE 5/5/			emetery or crematory	23d LOCATION CITY OF TOWN Baltimor	county ce, Maryland	STATE
DHMH-16 2 (VRA 15. 4)		24. F	UNERAL DIRECTOR	7 Buck In	ADDRESS		25e. DAT	TE REC'D. BY REGISTRAR	256. REGISTRAR'S SIGI	

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		1-	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0	).	4 1	8 0
-			CEASED NAME	FIRST		MIDDLE	Ĺ	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
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(L)	<b>V</b>	3. SE	remale	4	RACE Whit	е	5 DATE C		6 AGE (IN YEARS LAST BIRT		MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
hour di	· e		RTHPLACE (STATE OR FO	REIGN 76	CITIZEN OF	WHAT COUNTRY?	MAPPIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
nero	5/2		Pennsyl		U.S.		WIDOWE	D DIVORCED	Baltimor	e Cou	ntym	MD.
by the fune filed within	D Stiffied	С	TY OR TOWN OF DEA atonsville		Tawes	HEACILITY, GIVE STREET Nursing (	ADDRESS) Center	R OTHER INSTITUTION	170 USUAL OCCUPATION OF MOST O			F BUSINESS OR
filled in	and the	130 5	AL RESIDENCE (IF NURS STATE Md.	IS COUNTY CECI	Y	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN EL REDN		13d. INSIDE CITY LIMITS? YES NO 🖂	13e STREET ADDRESS 239 Holli	ngswo	rth Man	or
tely 2 st	- Single	14. FA	THER'S NAME	ME	DIE	LAST		15. MOTHER'S MAIDEN NAM	ME		LAST	Y
and	\$70		John	MIL.	•	Legie	ko	Lucille	milotte =		Twardas	
od co	licol		VAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SECT	JRITY NO.	17 INFORMANT	ADDRE			
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on. hos beer t permit	* )	CERTIFICATION	19a DATE OF OPERAT	ION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NOT	IN CERTIF	S, WERE FINDING CAUSES	
hysicio icote h ronsit Hygie	00	CER	21a ACCIDENT WAS UND		21b. TIME O	F INJURY M. MONTH D	AV YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	LY IN ITEM 18, F	PART 1 OR PART 2)	
ertification	E a	CAL	OR CONTRIBUTING C		Р		19				<u> </u>	
ottendir ter this s the bu	rked or	MEDICAL	21d INJURY OCCURE WHILE NOT WE AT WORK		21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	VN.	COUNTY	STATE
R: Af	e s		220 I certify that (I)	(this hospital	attended th	e deceased from	2	12) 19 20	to	2	19_80	that (I) (we) lost
Spita	211		sow the decease above, (I) (we) (d	d olive on_	view the body	ofter death.	80. or	nd that in (my) (our) opinion o	death occurred on the de	ote and hou	r ond from the	couses stated
the ho	# He		27b. SIGNATURE	. (	12	times	M.	ATTENDING	MEDICAL STATE	F CANAD	22c. DATE	SIGNED
by LERA See de	Z -		22d. PHYSICIAN'S NA		RINT)		, ,	22e ADDRESS	J DIRECTOR 21 PH 13 C	LINIT	6/	1100
etained b	MPORTANI		Thom	35 /4	1. Pit.		M.D.		ing Center,	Caton	sville,	Md.
	2	23 o. E	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
BP	_	24 5	Burial		6/11/	80 I	mmacu	late Conceptio	Cherry F	1111	Marylan	<u>id</u>
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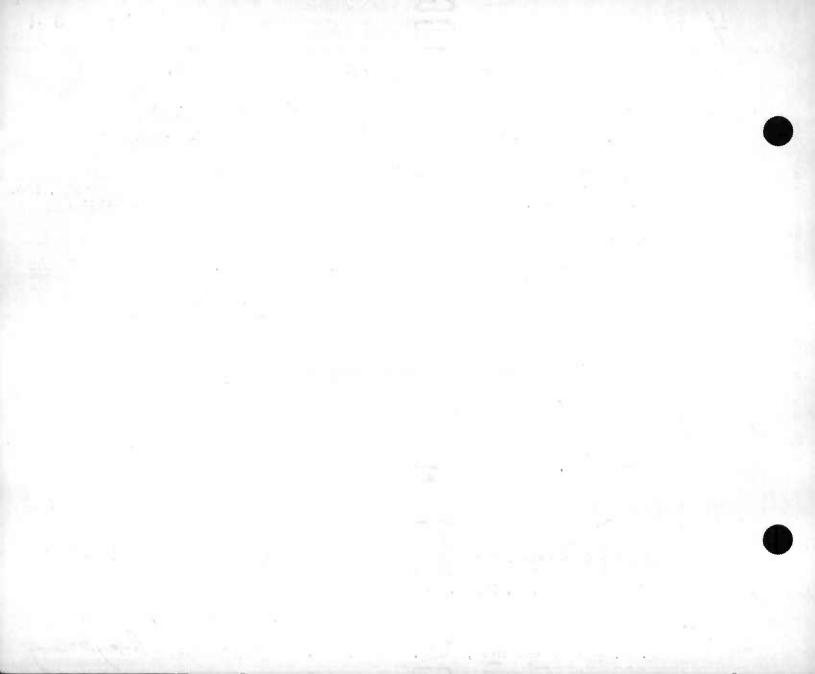
STATE OF MARYLAND

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(VRA 15, 4) 7/78

STATE OF MARYLAND





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STATE OF MARYLAND

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG NO 2ª DATE OF DEATH

80

INDUSTRY

2b. HOUR

10	- STATE REGISTRAR
(NA)	I DECEASED NAMI

3 SEX

AIDD: F LAST Thomas Garfield Austin 4 RACE 5. DATE OF BIRTH

30

& AGE THY YEARS LAST BIRTHDAYS

18 IF UNDER 1 YEAR MONTHS DAYS

7:20 AM IF UNDER 24 HRS HOUR5

Male In BIRTHPLACE ISTATE OF FOREIGN COUNTRY VA

IN CITY OR TOWN OF DEATH

Towson

Negro Th CITIZEN OF WHAT COUNTRY? USA

MARRIED M NEVER MARRIED WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

13d. INSIDE CITY LIMITS?

17 INFORMANT

14

BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR

MONTH

HE NOT IN SUCH FACILITY GIVE STREET ADDRESS! G.B.M.C. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) (TYPE OF WORK FOR MOST OF WORKING LIFE)

50

2226 Poplar Grove St.

130 STATE MD 14 FATHER'S NAME FIRST Wesley

136 COUNTY

MIDDLE

Baltimore Austin

IS MOTHER'S MAIDEN NAME Mildred

MIDDLE ADDRESS Royal

In WAS DECEASED EVER IN U.S. ARMED FORCES? LYES, NO OR UNKNOWN) Yes

229-34-4046

LIF YES, GIVE WAR OR DATES!

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)

166 SOCIAL SECURITY NO.

Dorothy Austin 2226 Poplar Grove St

PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Carcinoma of Lung with Pleural Effusion Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g

ATTENDING

CERTIFICATION

190 DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY? NOIX

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21

MEDICAL

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

LIF EITHER, NOTIFY MEDICAL EXAMINER

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR

21e PLACE OF INJURY

80

211 LOCATION

NO [

WHILE

NOT WHILE 220 | certify that (1) (this haspital) attended the deceased fram

21d INJURY OCCURRED

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 5/30

DEGREE

CITY OR TOWN 80

MEDICAL

COUNTY 80 STATE

abave, (1) (we) (did) (did nat) view the bady after death. 226. SIGNATURE-

230 BURIAL CREMATION REMOVAL

Burial

saw the deceased alive an

774 PHYSICIAN'S NAME (TYPE OF PRINT)

23b. DATE

6/21/80

22# ADDRESS

PHYSICIAN DIRECTOR PHYSICIAN

23d. LOCATION

STAFF

and that in (my) (aur) apinion death accurred an the date and have and from the causes stated

22c. DATE SIGNED 6/18/80

Dr. S. P. Girdhar

6701 N. Charles St.

23¢ NAME OF CEMETERY OR CREMATORY

Church Cemetery

21204

COUNTY

STATE VA

DHMH-16 25M (VRA 15, 4) 1/79

FUNERAL

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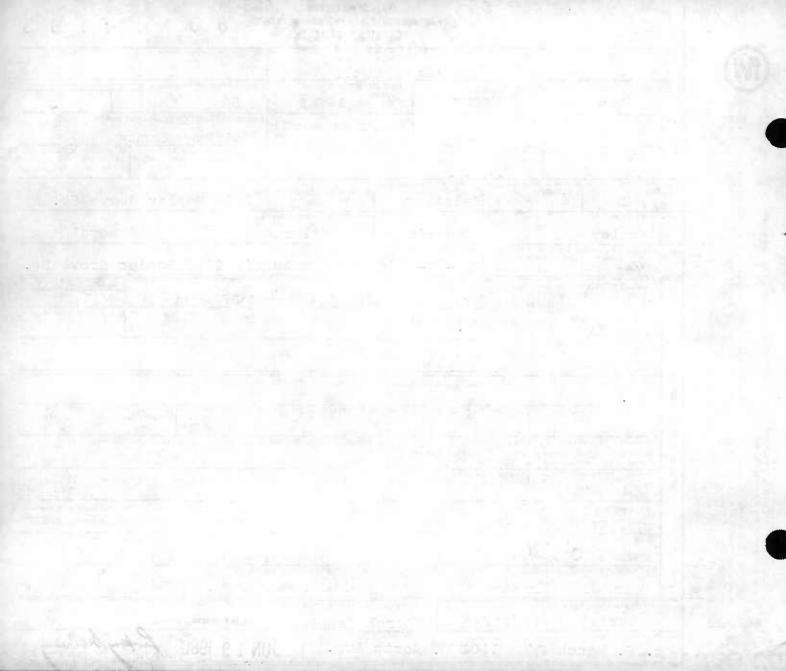
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24 FUNERAL DIRECTOR 1101 E. North Ave. March F/H

Blackstone

25a. DATE REC'D. BY REGISTRAR 25b. RECORRAR'S SIGNATURE



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TOTAL A CHOCKE OF CONTRACT OF	TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURRIANST RERMIT PAGES 1 AND 2 SHOULD BE FILED  AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 301  BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE FILED.  TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE FILED. WITHIN PAGE 3 FOX TO FUNE FILED. WITHIN PAGE 3 SHOULD BE SHOU	TO FOREM ON THE STATE REGISTRAR  T. DECEASED NAME (TYPE OR PRINT)  J. SEX  Female  Jo. Birthplace (S. Podes of Name of	The State Registrar  1. Deceased Name First  (Type or Print)  Kathe  3. Sex  4. Race  Female White  70. Birthfuace (State or Foreign Country)  Md  10. CITY OR TOWN OF DEATH  Arbutus  USUAL RESIDENCE (IF IN NURSING HOME FIRST)  136. COUNTRY)  Md  117. Father's Name First  William  166. Was Deceased ever in U.S. As (Yes. No. OR UNKNOWN)  176. Was Deceased ever in U.S. As (Yes. No. OR UNKNOWN)  177. Canditions, if only, which gave rise to immediate cause (a) stoting the under lying cause last.  PART 2 OTHER SIGNIFICANT CONDITIONS  179. DATE OF OPERATION  179. DATE OF OPERATION	Tensister Registrar  1. Deceased Name First (IVPE OR PRINT)  Katherine  Katherine  Katherine  Katherine  Katherine  Katherine  Female  White A  Jo. Birthplace (STATE OR FOREIGN COUNTRY)  Md  10. CITY OR TOWN OF DEATH  Arbutus  USUAL RESIDENCE (IF IN NURSING HOME OR OTHER ITS)  IS STATE  William  F.  William  F.  William  F.  Was Speceased Name  FIRST  II. N. CITY OR TOWN OF DEATH  III. N. CITY OR TOWN OF DEATH  III. N. C.	TO THE PART OF PERATION  1. DECEASED NAME  (TYPE OR PRINT)  Katherine  3. SEX  Female  White  Aug. 2.1  7a. BIRTHPLACE (STATE OR POREINS)  Md.  USA  TO THE PART OF THE RISHOFICANT CONDITIONS CONTRIBUTING TO DEATH.  1. FATHER'S NAME  FREST  WEST  Female  VIII NAME OF HOS (JE NOT NOT STATE OR POREINS)  USUAL RESIDENCE (JE IN NURSING HOME OR OTHER RISTITUTION, OR 13a. STATE  1. DECEASED EVER IN U.S. ARMED FORCES?  (YES, NO. OR UNKNOWN)  1. FATHER'S NAME  PART I DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO, OR  CONDITIONS  TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH.  1. TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH.  1. THE CAUSE OF DEATH  AT WORK  1. THE CONTRIBUTING OR CAUSE OF DEATH  PART 7 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH.  1. THE CAUSE OF DEATH  AT WORK  2. THE CONTRIBUTING OR CAUSE OF DEATH  PART 7 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH.  2. LEVILED OR PART OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH.  2. LEVILED OR CAUSE OF DEATH  AT WORK  2. LEVILED OR CAUSE OF DEATH  PART 7 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH.  2. LEVILED OR CAUSE OF DEATH  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH.  2. LEVILED OR CAUSE OF DEATH  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH.  2. LEVILED OR CAUSE OF DEATH  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH.  2. 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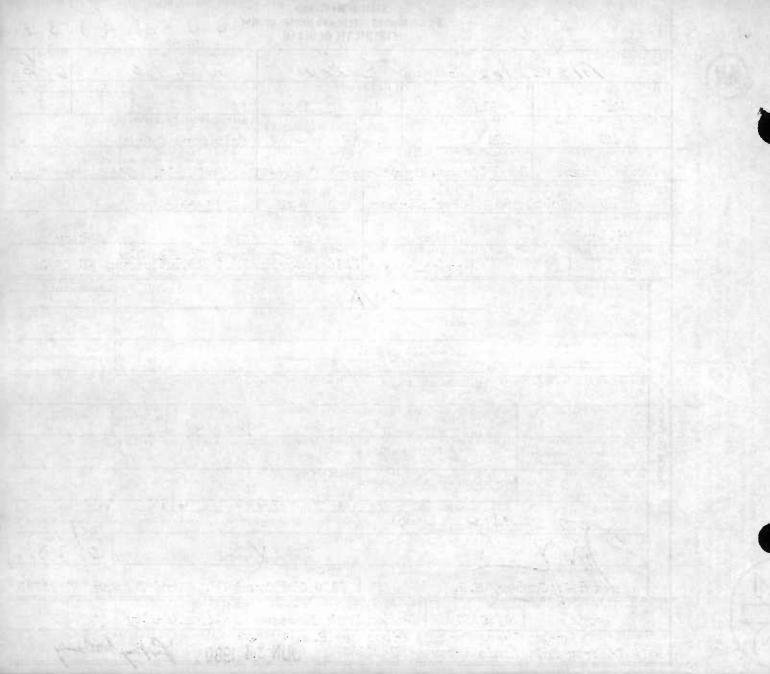
FOR

## STATE OF MARYLAND

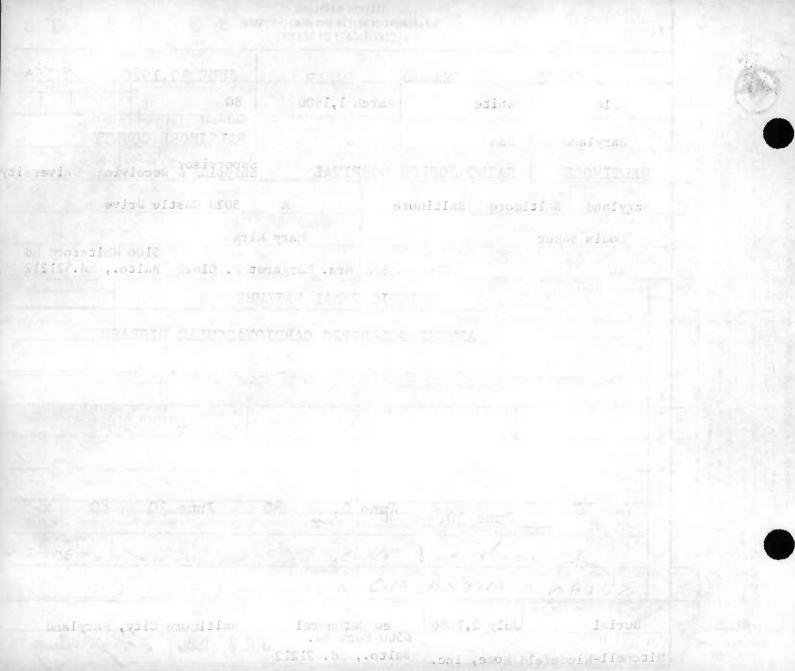
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	D.	3 8	0 /
		CEASED NAME	FIRST	A	AIDDLE	L	AST	20 DATE OF DEATH		DAY YEAR	2b. HOUR
	(ITPE	ORPRINT) Al	EXG	Neek	Gordon	B	akere	6/52	180		6 P.M
	3. SE	X		4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HRS
		Male		Whi	te	MONTH	4 1901	79	YRS.	MONTHS DAYS	HOURS MIN
		RTHPLACE (STATE OR FO	DREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH	
5	C	MD		USA		WIDOWE		Baltimore	Count	าน	MD.
	10 C1	ITY OR TOWN OF DEA	TH	11. NAME OF H	OSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ON	126. KIND C	OF BUSINESS OR
0	R	Randallstow	m	Randall	stown Cor	wales	scent Center	Retired Ba			ter Dept.
1		AL RESIDENCE (IF NURS	136 COU	ROTHER INSTITUTION.		AGMISSION)	113d INSIDE CITY LIMITS?	13e. STREET ADDRESS			-
5		MD	Balt	imore	Randalls		YES NOXX	3916 Tive	erton	Road	
	14 FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA		1111	LA	ST
0		Willard			Baker		Cora			Shock	
1	16a V	VAS DECEASED EVER		RMED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORMANT Mrs.	Peggy Char	kafak	:u	
		No	-		213-10-08	383	3916 Tiverton	Peggy Chart n Ra., Rando	illsto	wn, MD	21133
		18. CAUSE OF DEAT	H (Enter a	nly ane cause per	line for (a), (b), and	digit.			730000	APPROX BETWEEN	ONSET AND DEATH
		PART I. DEATH W		TE CAUSE (0)		OV	A				
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Ш		Conditions, if any,		(b)							
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		underlying couse	lost.	(c)			A DECEMBER OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO				
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9	CERTIFICAT	DATE OF OPERA	HON	198 CONDI	HON FOR WHICH	OFERATIO	IN WAS PERFORMED		IN CERTIF	YING CAUSES	OF DEATH?
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		Th SIGNAPORE	did) (did no	ot) view the blody	ofter death.	3	DEGREE			22y DATS	SIGNED )
	13	- In	1				ATTENDING PHYSICIAN	MEDICAL STA	FF IANI 🗆	(01	23/1
,		174 PHYSICIANS NA	AME AME	FRINT)			22e. ADDRESS	DIRECTOR   PHISK	, IAIY	1	100
		Howard	//	arber, M	.D.	4.45	5310 Old Co	urt Rd., Ra	ndall	stown.M	ID 21133
	23o. E	BURIAL, CREMATION,	GI				EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	~ .	COUNTY	STATE
	130	Burio		6/26/			Park Cemeter	Baltimore			MD
	24. FI	UNERAL DIRECTOR 1	sorin	g Byers	Funeral 1	Direc	tors, P.A. 250. D'AI		25b. REGIST	RAR'S SIGNA	TURE
	87	28 Liberty	, Rd.	, Randal	lstown. I	VID 2.1	155	4 1980	my	yma	7

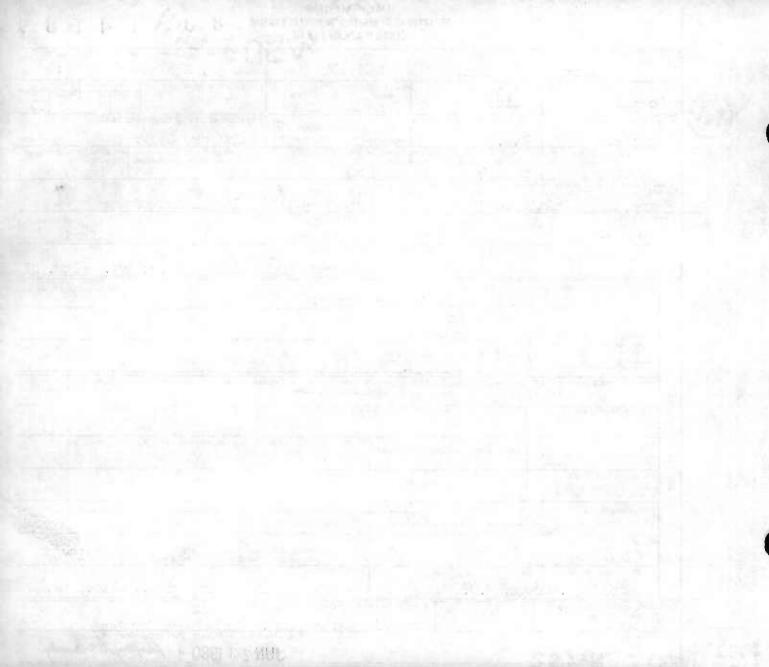
DHMH - 16 50M 7/77 (VR A 15 (4))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. LAST 20. DATE OF DEATH MONTH DECEASED NAME TYPE OR PRINT) JUNE 30.1980 JAMES RERNARD BAKEE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 4. RACE 3. SEX DAYS March 1,1900 YEAR White 80 Male BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE COUNTY USA WIDOWED Maryland DIVORCED T 6 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR IN CITY OR TOWN OF DEATH Single work of working LIFE) INDUSTRY Shipping & Receiving I BALTIMORE JOSEPH HOSPITAL hipping & Receiving University DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
13a. STATE | 13b. COUNTY | 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 502D Castle Drive Baltimore Baltimore YES [ Maryland 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE Louis Baker Mary Kirk ADDRESS5106 Whiteford Rd 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES 66 SOCIAL SECURITY NO педісо LYES. NO OR UNKNOWN) Balto., Md. 21212 212-10-4195A Mrs. Margaret M. Clark NO 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and PART I, DEATH WAS CAUSED BY: CHRONIC RENAL FAILURE IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE Canditians, if any, which gave rise to immediate ather cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause ā PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? shows Mental Hygiene NOT NO [ YES T 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH #em MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK June Tune 220.1 certify that Xi (this haspital) attended the deceased from Saw therefore a dive on June 30 saw the veceased alive an JUITE 30 g \_ , and that in (祝) (aur) apinian deoth accurred an the date and hour and from the couses stated 22c. DATE SIGNED DEGREE 22h SIGNATURE ATTENDING PHYSICIAN MEDICAL 30-80 should be deta with the State [ DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 7620 York Road, Towson, MD 21204 23d LOCATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL STATE COUNTY July 2,1980 Burial New Cathedral Baltimore City, Maryland 6500 York Rd. 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 Balto., Md. 21212 (VR A 15 (4)) Mitchell-Wiedefeld Home, Inc.



	FOR - STATE REGISTRAR	DE	PARTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	0 0	14	189
	I. DECEASED NAME FIRE	if MiDOLE		AST	REG. No.	O. MONTH DAY YEA	AR Zb HOUR
nay be lage 3 death	(TYPE OR PRINT) Sara	Lynn	В	ARKLEY	June 15, 19		8:05p "
may	3 SEX	4 RACE	S. DATE C		& AGE IN YEARS LAST RIE		
age 4	FeMale	White	June	e 15° 1980		YRS.	PAYS HOURS MIN 20
a the	In BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Marvland	U.S.	INTRY? 8  MARRIE  WIDOW!	D NEVER MARRIED A	Baltimore City of	COUNTY OF DEAT	
y the fund within	Baltimore	II. NAME OF HOSPITAL, I IF NOT IN SUCH FACILITY, GR	NURSING HOME (	OR OTHER INSTITUTION	12e USUAL OCCUPATION OF WORK FOR MOST OF NONE	ON 12h KII F WORKING LIFE) INDUS	ND OF BUSINESS OR STRY None
thin 24 hour filled in bould be file.	USUAL RESIDENCE IF NURSING H 130 STATE mothers 136 Maryland	one or other institution, give residen county 136 CITY of altimore	ICE BEFORE ADMISSION)	134. INSIDE CITY LIMITS? YES NO.	13r. STREET ADDRESS 1213 Delbe		vone
ompletely and 2 sho	14 FATHER'S NAME PIRST Donald	Gary Bar	kley	15. MOTHER'S MAIDEN NA F#857  Deborah	ME MIDDLE S	Be:	llami
certificate be execu g physician and com n papers. Pages 1 an removal.	160 WAS DECEASED EVER IN U (YES, NO OR UNKNOWN) (IF Y	S. ARMED FORCES? 166 SOCIA	AL SECURITY NO	<sup>17</sup> INFORMANT Moth Deborah Bark			Balto, 21
aw requires that the death cert een signed by the attending ph. Then please remove carbon pa or to burial, cremation, or remany injury, or other traumatic.		te DUE TO, OR AS A CON	NSEQUENCE OF	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN IN PAI	RT I(a)
The Is e has b ermit. sne pri	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FI	
PHYSICIAN og physician. this certificat urial-transit p Mental Hygid d or Item 18	OR CONTRIBUTION CALLER	OF DEATH HOUR A.M. MON	TH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PAR	17 2)
ENOING PHY cattending ph R: After this c e as the burial salth and Men is marked or	GIF EITHER, NOTIFY MEDICAL EXA  21d. INJURY OCCURRED  WHILE AT WORK  AT WORK	21st PLACE OF INJURY		211 LOCATION STREET	CITY OR TO	VN COUNTY	r STATE
15 T T T T T T T T T T T T T T T T T T T	saw the deceased all	haspital) attended the deceased ve on June 15 1906(1) view the body ofter death	_1980	$15$ , 19.80 and that in $(\frac{3}{2})$ (our) opinion	, to	ote and hour and from	
TAL RAL detac tate [	226 SIGNATURE PAULICE 226 PHYSICIAN'S NAME	a a - Gres	re M	ATTENDING PHYSICIAN [	MEDICAL STA	FF	6/16/80
retained by TO FUNE should be with the S IMPORTA	Patricia A	Greve, M.D.		9000 Frankl		rive.,Balte	o., Md.212
BP	236 BURIAL, CREMATION, REM- (SPECIFY) Disposal	OVAL 236. DATE		emetery or crematory  n Square Hosp	23d LOCATION CITY OF TOWN  Baltimo	re Marylan	
DHMH-16 25M (VRA 15, 4) 1/79	24 FUNERAL DIRECTOR NAME NONE	ADD	RESS		JN 2 3 1980	256. REGISTRAR'S SIC	NATURE COMPANY



	. 1		STATE OF MARYLAND							
	3	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 4 9 0							
		I. DE	CEASED NAME FIRST	MIDDLE	LAST	2e. DATE OF DEATH	MONTH DAY YEAR 26. HOUR			
		1,,,,,	CLARENC	E. BAR	RETT SC	JUNE:	19. 1980 7:15 AM			
ê C		3. SE	(	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT				
age 4		1	TALE	STIHW	MONTH DAY YEAR	74	MONTHS DAYS HOURS MIN			
Po ldir	2 1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH			
eorn in 72 I		1	TARYLAND	U.S.A.	WIDOWED DIVORCED	BAITIMO	DRE COUNTY MD			
0 35		10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION OF OF WORK FOR MOST OF	ON 12b. KIND OF BUSINESS OR INDUSTRY			
by the f	70	T	SOR	MADORCAR		GUARD	BALTO (174			
. 9 5 5		USU 13e		ROTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION!	13e. STREET ADDRESS	10110101111			
hin 24 h	3.5	5		LTO- Cockeys		323 1	JARREN ROAD			
		14. F/	THER'S NAME		15 MOTHER'S MAIDEN NAM					
ed will	30	1	FRANK	BARRET	T AMELIA	WIDDLE	WILHELM			
			VAS DECEASED EVER IN U.S. AF		URITY NO. 17 INFORMANT	ADDRE	SS			
6 00	-	(	ES, NO OR UNKNOWN] (IF YES, GIV	E WAR OR DATES)	354A FAMILY	RECORDS				
0 0 0			18 CAUSE OF DEATH (Enter or	nly one couse per line for (a), (b), a			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
physical movel.	conpapers removal.			nly one couse per line for (a), (b), a ED BY: TE CAUSE (a) Re:	spiratory failure					
		1	1629	DUE TO, OR AS A CONSEQU	ENICE OF					
death ce offending move carb			Conditions, if any, which		cinoma lung		1976			
the deat			gove rise to immediate couse 101, stating the	DUE TO, OR AS A CONSEQU	ENCE OF					
by by			underlying cause lost	(6)						
2 2 2 2			PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 1(a)			
2 240		CERTIFICATION	Diabetes	mellitus						
ow re		CAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?			
The lo	1	TIE				YES NO	YES NO			
Z Z S S S S S S S S	4	Ü	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)			
SICIA ng pl certif certif tentol:	1	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	ATO	19					
PHYS India Ihis of burdan		MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE.	211 LOCATION STREET	CITY OR TOW	VN COUNTY STATE			
DING Practical After the cost he of the order of the office of the office of the order of the or		2	AT WORK AT WORK							
			22a I certify that (I) (this hasp	ital) attended the deceased from	July 19_73	<sub>to</sub> June 2	.9 , 19 80 , that (I) (We) lost			
The Property		1	sow the deceased alive or above, (I) (Ne) (dM) (did no	June 27  ot) view the body after death.	and that in (my) (altr) opinion o	death occurred on the do	ote and hour and from the causes stated			
e hasp DIRECT sched for Dept. a		١.	22b. SIGNATURE	0	DEGREE		224. DATE SIGNED			
SPITAL CALL d by the hasp NERAL DIREC Se detached to Se detached to TANT. H Hem			Grunda	Oworch	ATTENDING PHYSICIAN	DIRECTOR PHYSIC				
d by	1		224. PHYSICIAN'S NAME (TYPE	OR PRINT]	22e ADDRESS					
TO HOSPITAL OF TOTAL BY THE TOTAL BY THE STORE ALL WITH THE STORE MADOR TO HE STORE THE STORE TH	PO#		DR. DONALD	O. WOOD	2 6 RES D	MEADOW	DRIVE			
5 5 5 4 3 8		23a	URIAL, CREMATION, REMOVAL	. 23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY STATE			
-085BP		6	SURIAL	7-1-1980 1	PLAR GROVE	Cacks 45 v	ille BALTO. MO.			
DHMH-16 20.		24. F	INERAL DIRECTOR	ADDRESS		REC'D. BY REGISTRAR	256. REGISTRAR'S SIGNATURE			
(VRA 15, 4) 7	78	21	ANS FUNERAL	CHAPEL 2325	YORK ROAD	L 7 1980	brokenhousend			

/-	STATE OF MARYLAND								
	FOR STATE REGISTRAR	DEPAR	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	4 1, 9 1				
2 25	1 DECEASED NAME FIRST (TYPE OR PRINT) LEON	MIDOLE	BAUm		YEAR 26 HOUR				
4 may b	3 SEX Mala	4 RACE	S. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS				
ith. Page	7a BIRTHPLACE (STATE OR FOREIGN COUNTRY)	75. CITIZEN OF WHAT COUNTRY	APR 27 1897	BALTIMORE CITY OR COUNTY	OF DEATH				
after de	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS  M (IF NOT IN SUCH FAGILITY, GIVE STREET	WIDOWED DIVORCED DIVORCED ING HOME OR OTHER INSTITUTION TADDRESS)	12e USUAL OCCUPATION TYPE OF WORKING LIFE	12h KIND OF BUSINESS OR				
1201 in by filed by	USUAL RESIDENCE (IF HURSING HOMI	OR OTHER INSTITUTION, GIVE RESIDENCE REFE	and Alla low Mal	PROPRIETOR	- FURS				
YLAND 2	MARY AND XXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	YES NO 2	1 435 / CARST/	4/5 Rd 21215				
E, MAR ecuted v	160 WAS DECEASED EVER IN U.S.	1.71.0	IM JENA  WENTYNO. 17 INFORMANT	ADDRESS	KATZ				
TIMOR ite be ex ite be ex ite be ex ite be ex ite and ite and ite and ite	(YES, NO BRUNKNOWN) (IF YES.	WT 2150144	Mughtee	Mrs Clanfisente	19 Enginandale VA				
ST., BAI certifica ng physic on papers r remova natic eve	PART I. DEATH WAS CAU	anly one cause per line for (a), (b), o ISED BY:		lopathy And	BETWEEN ONSET AND DEATH  AND S				
death death tendiin carbinon, o traur	Canditions, if any, which	DUE TO, OP SIA CONSECT		lure	3-4 months				
that the	gave rise to immediate cause 101, stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE	JENCE OF						
ORDS, 2011	/A .	CLUTC HERNT	DEATH BUT NOT RELATED TO THE TERA	AINAL DISEASE OR CONDITION GIVE	EN IN PART 1(0)				
AL RECOR	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO				
DIVISION OF VITAL RECORDS, ENDING PHYSICIAN: The law rec r attending physician. BR: After this certificate has been six e as the burial-transit permit. Then lealth and Mental Hygiene prior to l is marked or Item 18 shows any ir	On CONTRACTOR CAUSE OF	DEATH HOUR A.M. MONTH	YEAR 19 216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM IB, P.	ART 1 OR PART 2)				
DING PHY trending ph After this, s the burial th and Mer marked or	(FEITHER, NOTEY A BOLD FER MIN  21d. IN JURY OCCURRED  WHILE AT WORK  MOT WHILE AT WORK	21e PLACE OF INJURY	PAN.ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE				
or so	22a L certify that (I) (this ha	spital) attended the deceased fram	120	death occurred an the date and hour	, that (1) (we) last				
OFF Hospital	226. SIGNATURE	not) view he body after death.	DEGREE ATTENDING PHYSICIAN I	MEDICAL STAFF	22 DATE SIGNED				
PPIT by Sta	224 PHYSICIAN'S NAME (TVI	E OR PRINTI	22e ADDRESS	X DIRECTOR PHYSICIAN	the land				
TO HOS retained TO FUN With the IMPORT	230 BURIAL, CREMATION, REMOV	H JANOSKA, M	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY STATE				
4034 BP	DOKIAL	L LEVINSON & ADBRO	CHIZUK AMUNO (ARLIN	IGTON) BALTIMORE TE REC'D. BY REGISTRAR 256. P. GIST	MARYLAND RAR'S SIGNATURE				
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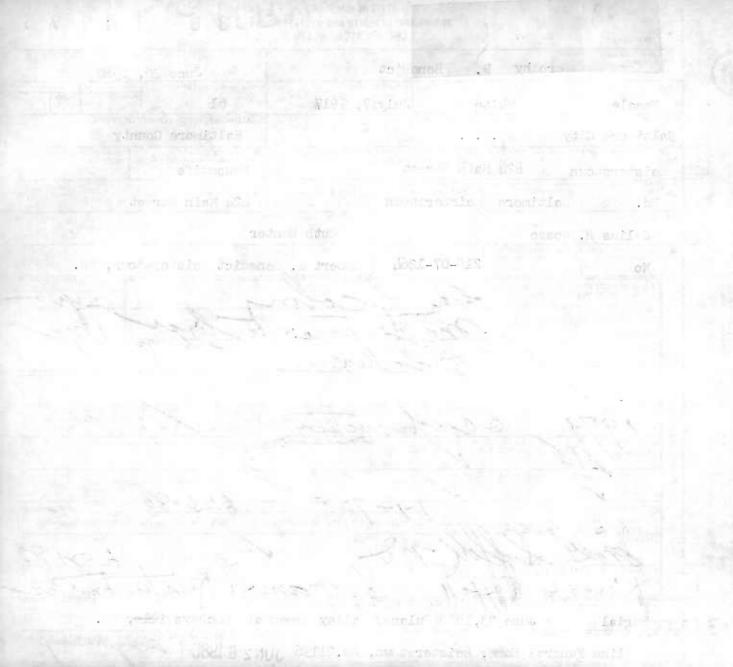
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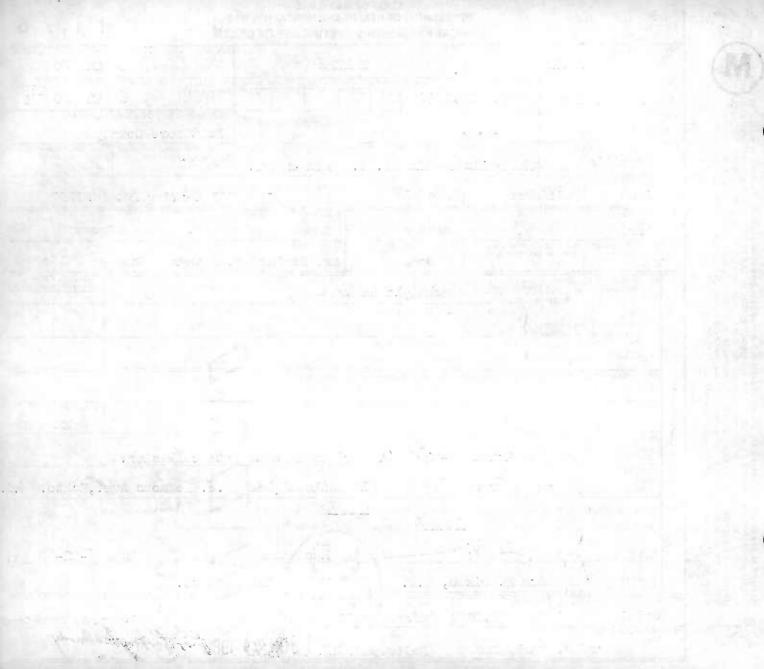
uneral director, prum n 72 hours after deut	FOR STATE REGISTRAR  DECEASED NAME FINST TYPE OR PRINT)  HOWAY  SEX Male	MIDDLE  MIDDLE  MIDDLE	RETURNS OF HEALTH AND MENTAL HYGING CERTIFICATE OF DEATH  LAST  BETT	REG. NO.	1 4 1 9 4  DAY YEAR 126 HOUR
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uneral director, n 72 hours after thiedat once.	SEX	4 RACE			080 17:15pm
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9 c /2	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED W NEVER MARRIED	9 BALTIMORE CITY OR COUNT	
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SE EN TUS	SUAL RESIDENCE (IF NURSING HOME OF			La constant and the	
9 - 9 -		timore Dundal		3414 McShane W	'au
	FATHER'S NAME		15 MOTHER'S MAIDEN NA		-5
N. 6-19/1	Clarence	W Belt	Regina	MIDDLE M	Lanagan
<u> </u>	WAS DECEASED EVER IN U.S. AR			ADDRESS	Dallayall
the	(YES, NO OR UNKNOWN) (IF YES, GIVI	E WAR OR OATES)			Cama
event, t	Yes WW 1	1 & Korean 217-	03-1308 MIS Madell	ne Bell	Same  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
sjury, or other trau		DUE TO, OR AS A CONSEQ	ve Heart Failure		VEN IN PART 1(0)
Hygiene prior to	19a DATE OF OPERATION	1% CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	20a AUTOPSÝ? 20b. IF YE	S, WERE FINDINGS USED
Hygiene pr m 18 shows					FYING CAUSES OF DEATH?
7 / /		HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM TO.	
MEDICAL	Z16 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.)  211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
Dept. of Heal If Item 21 is	220.1 certify that (this hospi	ot) view the body after death.	DEGREE  ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	271. DATE SIGNED
with the	Raul Masvida		NAME OF CEMETERY OR CREMATORY	in Square Dr., 21	1531

L 10 W 51 80 TERIS . TO SEMES MALDERS DOOR

A 15 11 191 C --- 100 Mr. - N. III

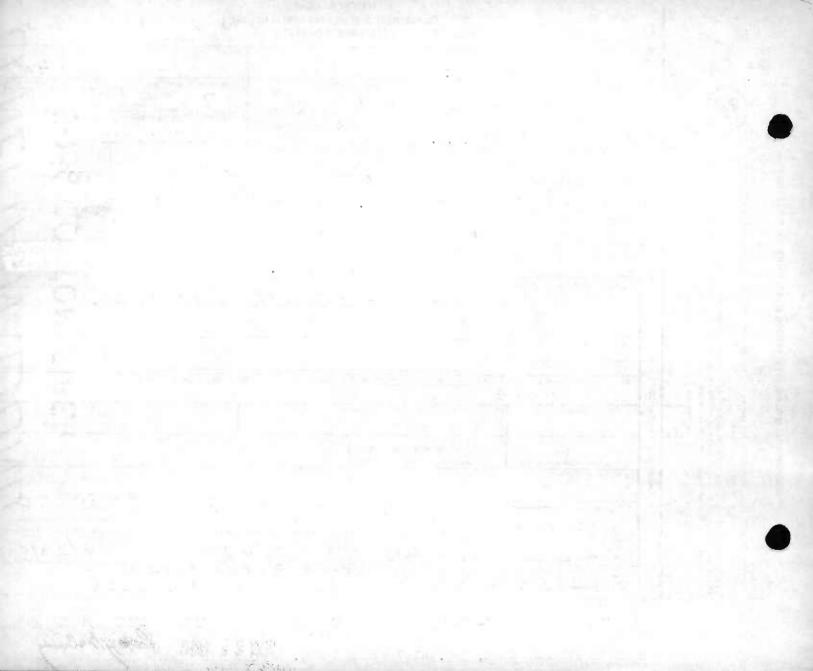
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENED - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20. DATE KNOWN ST. 7h HOUR (TYPE OR PRINT) OF ESTI-1980 6 19 Frederick Bernhard Cortes IF UNDER 1 YR. SEX 4. RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS 2d. HOUR DATE LAST SIRTHDAY) PRONOUNCED 11:30 1080 19 1910 70 YRS DEAD Male White D.M 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OF b. CITIZEN OF WHAT COUNTRY? NEVER MARRIED FOREIGN COUNTRY) United States Baltimore County DIVORCED WIDOWED Maryland 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a, USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! 3039 Fourth Avenue Stl. Bethleham Stl Balto, County BE RETAIN SHOULD B USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c CITY OR TOWN 13a. STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS ALTO. Baltimore NO IX 4th Ave Marvland VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME S 1, MIDDLE OF VIT R**Johanna** MIDDLE Frederick Bernhard Cortes FORM 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO DIVISION WITH FO (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 218-03-5379 (wife- Ruth Bernhard) 3039 4th Ave. none APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH RANSIT PERMIT. PART I DEATH WAS CAUSED BY Cardiomyopathy IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF OR REMOVAL Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost CREMATION, C DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ED AS A CERTIFICATION USED 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? E 3 SHOULD BE USE E DEPARTMENT OF I PRIOR TO BURIAL, C YES X NO [ 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN COUNTY STATE NOT WHILE STATE [ AT WORK AT WORK X 22a. I certify that I took charge of the remains described above, held an Autopsy and in my apinipn Inspection Inquiry MARYLAND Hamicide Undetermined manner death resulted from Natural causes TITLE (SPECIFY) ACTUAL TO MEDICAL E
EXECUTE THE C
PAGE 4 SHOU
TO FUNERAL D
AFTER DEATH, V
BALTIMORE, MA Deputy ChiefEDICAL EXAMINER 6-20-80 SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn Street (TYPE OR PRINT) ADDRESS 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Baltimore, Maryland 6-21-80 Moreland Mem. Cem. BP. 250. DATE REC'D. BY REGISTRAR 256. REGIS CAR'S SIGNATURE 24. NUNERAL DIRECTOR DHMH, 1980 (VR A15 ME (5)) 30M 7

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	3 SEX	X 4. RACE	S. DATE OF BIRTH	F. 6. AGE (IN YEAR LAST BIRTHDA	ARS IF UND	ER 1 YR. IF UNDER	DEATH MAT  24 HRS. 2c. DATE  PRONOUNCED DEAD	МОНТН	123 1980 DAY YEAR	411:45
8	FC	male white  URTHPLACE (STATE OR  OREIGN COUNTRY)  Massachusetts	76. CITIZEN OF W $U.S$ ,	HAT COUNTRY? A.	8. MARRIE WIDOWE		9. BALTIMORE Balti	more Co	unty	AMD.
0		TTY OR TOWN OF DEATH  Baltimore	4836 H	SPITAL, NURSING HOME CILITY, GIVE STREET ADDRESS)  azelwood Av	enue	RINSTITUTION	Engineer		OR INDUST Martin	R'CO
5	13a. S Ma	AL RESIDENCE (IF IN NOUSING FION STATE 13b. COU <u>ryland Ba</u> ATHER'S NAME	ltimore	IVE RESIDENCE BEFORE ADMISSIC 13c. CITY OR TOWN	1	3d. INSIDE CITY LIMITS?  YES NO F	13e STREET ADDRESS 4836 Haze		Ave	
X	19. 17	Robert	J MIDDLE	BixTer	2/19/	Élizab		3	Burke	
1	160. V	WAS DECEASED EVER IN U.S. A YES, NO, OR UNKNOWN) (IF YES, G	ARMED FORCES? IVE WAR OR DATES)	219-16-985		7. INFORMANT Mr John	Eddington	Jr 8741	Hayshed	La
	z	Conditions, if ony, whi gave rise to immedia couse (o) stoting the undilying cause last.  PART 2 OTHER SIGNIFICANT CONDITION	ch bite er- DUE TO, OR	AS A CONSEQUENCE C	OF	DR CONDITION GIVEN IN PAI	RT 1 (a).			
	IFICATIO	190. DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPER.	ATION WA	S PERFORMED?			20. AUTOPSY	? NO []
3	MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 210. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	P.M. PLACE	MONTH DAY YEAR	21f. LOC.		D LENTER NATURE OF INJURY IN		OUNTY	STATE
2		22a. I certify that I took cho death resulted from: Mo ACTUAL SIGNATURE	tural causes xxx:		Autopsy icide ,	Homicide	Undetermined monner  MEDICAL EXAMINER  Penn Street	ond in my o	6-16-8	0
	24. F	SURIAL, CREMATION, REMOVAL SPECIFY)  Burial  FUNERAL DIRECTOR	6/20/80	23t. NAME OF CEA Garden		Faith	23d. LOCATION CITY OR TOWN  Baltimo REC'D. BY REGISTRAR 25	re, Mar	yland	TATE

DHMH - 17 (VR A15 ME (5)) 30M 7/73

Leonard J Ruck Inc. Baltimore, Maryland

JUN 1 8 1980

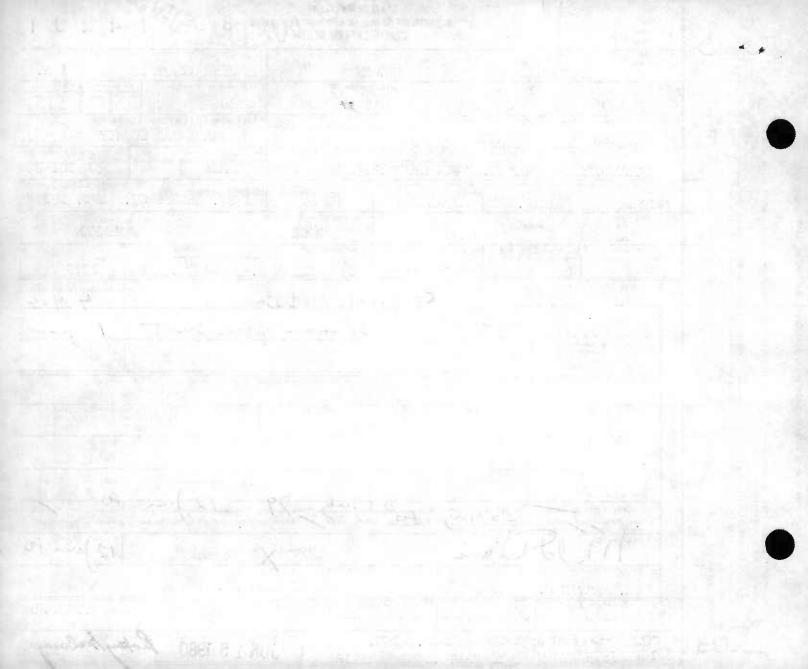
Sh. BEGISTRAR'S SIGNATURE

Fig. 10 Dentificacy (Classic Const.) countries in the state of the s (1883년 ) - 1984년 (1884년 )

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nay be page 3 r death			CEASED NAME CORPRINT) EL	EANO		MIDDLE		AST LANCHAI	RD				1:45R	
	ma), pager de	3. SE	х		4 RACE		5 DATE			6. AGE   IN YEARS LA	ST BIRTHDAY)		DER 1 YEAR	IF UNDER 74 HRS
ector s afte			FEMALE		WHITE		5 MONT	23	33	47	YE	MONTH	DAYS	HOURS MIN
	eral dir. 72 hour	C	RTHPLACE ISTATE OR FO	DREIGN	16 CITIZEN OF	WHAT COUNTR	MARRIE WIDOW		ARRIED	BALTO.			DEATH	MD
	256	10 C	OWSON. M		11. NAME OF	HOSPITAL, NUR	SING HOME			120. USUAL OCCI	OST OF WORKIN	4G LIFE) IN	DUSTRY	omm .Colle
4D 2120	ithin 24 hauly filled in could be life	USU 13a.	AL RESIDENCE (# NURS	ING HOME OR	OTHER INSTITUTION		NWC	134. INSIDE CI	TY LIMITS?	13e. STREET ADDE	ESS			
ARYLA	d w		ATHER'S NAME PHAST Otto		MDDIE	Peter		15. MOTHER'S	MAIDEN NAM	1700 G	DLE	nkno	LAS	
Ä,	xecute 1 and 1 and		VAS DECEASED EVER			166 SOCIAL SE		17 INFORMAN		A	DDRESS	1112116	JWII	
TIMOR	ie be earlian and Pages	(	YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES!	272-30	3863	Willi	am Bl	anchard	1700	Gre		astle Dr.
RDS, 201 W. PRESTON ST.	w requires that the death cer en signed by the attending pl hen please remove carbon p, r to burial, cremation, or ren ny injury, or other traumatio	NO	PART 2 OTHER SIGN	which nediate g the last	DUE TO, OI    DUE TO, OI   DUE TO, OI   CO	R AS A CONSEC	DUENCE OF				CONDITION	GIVEN IN	V PART 1(a	31
NI RECO	V: The la	CERTIFICATION	19ª DATE OF OPERAT	ION	196 COND	ITION FOR WHI	CH OPERATIO	N WAS PERFOR	RMED	YES NO	INCE			GS USED OF DEATH?
DIVISION OF VITAL RECORDS, 201	HYSICIAN physician. is certificat ial-transit plantal Hygin or Item 18	MEDICAL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDICA	AUSE OF DEA	Р.	M. MONTH M.	DAY YEAR		11.8	ED (ENTER NATURE C	F INJURY IN ITEM	18, PART I C	OR PART 2)	
OIVISIO	DING P ttending After th s the built th and N marked	WED	21d INJURY OCCURR WHILE NOT WH AT WORK AT WOR		218. PLACE ( LAT HOME, STI	OF INJURY REET, FACTORY, OFFIC	CE, FARM, ETC.)	2)f LOCATIO STREET			OR TOWN		OUNTY	STATE
	ATTEN bital or a ECTOR: for use a of Heal		220 I certify that (X saw the decease abave, (I) (X))					- 22 nd that in (n <b>X</b> ) (	, 19 <u>80</u> (our) opinian o	eath occurred an	the date and	19	80, i	that ( <b>X</b> (we) last causes stated
	TALOR  the hosp  RAL DIR  letached  ate Dept  NT: If Ite		276. SIGNATURE	an	J.	Ma	ios	DEGREE A	TTENDING HYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN 🔀		22c. DATE	
	TO HOSPIT retained by 1 TO FUNER should be de with the Stal		DR. JUAN			, M.D.		22e ADDRESS	5				, ME	21204
44	BP		BURIAL, CREMATION, I SPECIFY) Burial	REMOVAL	236. DATE 6/4/8	_		emetery or cod Cen	etery		11e		timo	
	DHMH-16 25M (VRA 15, 4) 1/79	24 F	UNERAL DIRECTOR	F.	H. 7	740 ADDRESS	BELA	R B	250. DATE	JN 6 198		and the same of th	4000	URE Occarby

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STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MINTAL HYGENE  SEATOR CERTIFICATE OF DEATH  BEGIND  TO CERTIFICATE OF DEATH  BEGIND  TO DATE OF BEGIN WORTH DAY 15M D					STA	TE OF MARYLAND			
THE CHERNOT    CARCE   CACE			STATE REGISTRAR			FICATE OF DEATH		).	203
J. SEX	. m.s		OR BRILITY			LAST	20. DATE OF DEATH	MONTH DAY	YEAR 25 HOUR
1. SEX	e de de		Michae	el G.	13.	ockstie		6 26	1980 1149
The Birtherace githerace denoted   Country   About   Country   C	ž	3. SE	X	4. RACE			6 AGE (IN YEARS LAST BIRTH		ERIYEAR IF UNDER 24 H
Partimore city or county or beath   Name of hospital, nursing how county   Name of hospital, nursing hospital, nursing how county   Name of hospital, nursing how county   Name of hospital, nursing hospital	È		Male	White	- 2		67		DAYS HOURS MI
DOUGNED   DOUG	Jee.	7a. B	RTHPLACE (STATE OR FOREIGN		OUNTRY? 8		A DALTIMORE CITY OF	COUNTY OF D	EATH
10. CHY OR TOWN OF DEATH   11. NAME OF HOSPITAL, NURSINGH HOME OR OTHER INSTITUTION   17. BUSIALO CLEATION   17. MONTH OF WORKING HELT   17. MONTH OF WORKING HELD   17.	355		Mary land	0.5.				E COUNTY	
The part of the property of the part of	Fied	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	L, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATIO	ON 126	KIND OF BUSINESS
SULAL RESIDENCE (# MARSHAD GO DIES INSTITUTION OF RESIDENCE OF ADMISSION)   134 INSIDE CITY LIMITS?   134 STREET ADDRESS   3333 Ramona Ave. 21213   145 INSIDE CITY LIMITS?   135 STREET ADDRESS   3333 Ramona Ave. 21213   145 INSIDE CITY LIMITS?   135 STREET ADDRESS   3333 Ramona Ave. 21213   145 INSIDE CITY LIMITS?   135 STREET ADDRESS   3333 Ramona Ave. 21213   145 INSIDE CITY LIMITS?   135 STREET ADDRESS   3333 Ramona Ave. 21213   145 INSIDE CITY LIMITS?   135 STREET ADDRESS   3333 Ramona Ave. 21213   145 INSIDE CITY LIMITS?   135 STREET ADDRESS   3333 Ramona Ave. 21213   145 INSIDE CITY LIMITS?   135 STREET ADDRESS   3333 Ramona Ave. 21213   145 INSIDE CITY LIMITS?   135 STREET ADDRESS   3333 Ramona Ave. 21213   145 INSIDE CITY LIMITS?   135 STREET ADDRESS   3333 Ramona Ave. 21213   145 INSIDE CITY LIMITS?   135 STREET ADDRESS   3333 Ramona Ave. 21213   145 INSIDE CITY LIMITS?   135 STREET ADDRESS   3333 Ramona Ave. 21213   145 INSIDE CITY LIMITS?   135 STREET ADDRESS   3333 Ramona Ave. 21213   145 INSIDE CITY LIMITS?   135 STREET ADDRESS   3333 Ramona Ave. 21213   145 INSIDE CITY LIMITS?   135 STREET ADDRESS   3333 Ramona Ave. 21213   145 INSIDE CITY LIMITS?   135 STREET ADDRESS   3333 Ramona Ave. 21213   145 INSIDE CITY LIMITS?   135 STREET ADDRESS   3333 Ramona Ave. 21213   145 INSIDE CITY LIMITS?   135 STREET ADDRESS   3333 Ramona Ave. 21213   145 INSIDE CITY LIMITS?   135 STREET ADDRESS   3333 Ramona Ave. 21213   145 INSIDE CITY LIMITS?   135 STREET ADDRESS   3333 Ramona Ave. 21213   145 INSIDE CITY LIMITS?   135 STREET ADDRESS	3	-	Towson	and the second		Hospital	TRVIN HA	HIV CO.	DUSTRY
MG Balto. YES NO   33333 Ramona Ave. 21213  14. FATHER'S NAME  HATTYY  BOCKSTIE  ANDOLE  ANDOLE  ANDOLE  ANDOLE  IAST  BALTYY  BOCKSTIE  IS. MOTHER'S MAIDEN NAME  HATTYY  BOCKSTIE  ANDOLE  ANDOLE  ANDOLE  ANDOLE  ANDOLE  IAST  ANDOLE  IAST  ANDOLE  ANDOLE  ANDOLE  IAST  ANDOLE  ANDOLE  IAST  ANDOLE  ANDOLE  ANDOLE  IAST  ANDOLE  ANDOLE  ANDOLE  ANDOLE  ANDOLE  IAST  ANDOLE  ANDOLE  ANDOLE  IAST  ANDOLE  IAST  ANDOLE  ANDOLE  ANDOLE  IAST  ANDOLE  ANDOLE  ANDOLE  ANDOLE  ANDOLE  ANDOLE  ANDOLE  ANDOLE  IAST  ANDOLE  AN	t be	USU 13a.	AL RESIDENCE (IF NURSING HOME C						
14 FATHER'S NAME   1831	33							na Ave	21213
Harry  Bockstie  Anna  Glos  3333  18 WAS DECEASED EVER IN U.S. ARMED FORCES? INB. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 3333  NO. 18 EAST OF BATH Enter only one couse per limb for 10 to 10 years of 10 years	ine	14. FA				15. MOTHER'S MAIDEN N	AME	na nve.	
No. MAS DECEASED EVER IN U.S. ARMED FORCES?   TAB. SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS   3333	300						WIDDLE		
18. CAUSE OF DEATH   Enter only one couse per line for iol, ibl. and ict.	_		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOC			ADDRES	SS	3333
18 CAUSE OF DEATH   Enter only one course per line for rol. (b). and recovery per line for rol. (b). and recovery part   Death   Dea	hed	(			-12-9392	Mrg Marca	wat Daglast	i - Do-	
DUE TO, OR ASIA CONSEQUENCE OF					a) (b) and (c)		TEL DUCKSL	re Raii	APPROXIMATE INTERVAL
DUE TO, OR ASIA CONSEQUENCE OF	ent,				whe C	UA			BETWEEN ONSET AND DEAT
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED  28a. AUTOPSY?  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED  28a. AUTOPSY?  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED  28b. CONTRIBUTION CAUSE OF DEATH?  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1 (a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1 (a)  PART 2. OTHER SIGNIFICANT CONDITIONS COUNTY WES IN CERTIFICIAL CONTRIBUTION GIVEN IN PART 1 (a)  PART 2. OTHER SIGNIFICANT CONDITIONS COUNTY WES IN CERTIFICANT CONTRIBUTION GIVEN IN PART 1 (a)  PART 2. OTHER SIGNIFICANT CONDITIONS COUNTY STATE  PART 2. OTH			11459 IMMEDIA						
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PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID 1  196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 208. AUTOPSY? 208. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES   NO   YES	tro		gave rise to immediate	(b) 1/41					
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/101    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/101    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/101    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/101    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS USED    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS USED   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS USED   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS USED   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS USED   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS USED   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS USED   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS USED   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS USED   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS USED   PART 2. OTHER SIGNIFICANT CONDITIONS USED   PART 2. OTHER SIGNIFICANT CONTRIBUTIONS USED   PART 2. OTHER SIGNIFICANT CONTRIBUT	athe			DUE TO, OR ASMA CO	ONSEQUENCE OF	we direo	se termi	ul	
196. DATE OF OPERATION   196. CONDITION FOR WHICH OPERATION WAS PERFORMED   206. AUTOPSY?   206. IF YES, WERE FINDINGS USED   YES   NO   YES	ō		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	TING TO DEATH BUT			ITION CIVEN IN	DART II
196. DATE OF OPERATION   196. CONDITION FOR WHICH OPERATION WAS PERFORMED   206. AUTOPSY?   206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?   YES   NO   YES	Cuniu	Z	TART 2. OTTER STORT ICART	CONDITIONS CONTRIBOT	TING TO DEATH BO	THO RELATED TO THE TER	MINAL DISEASE OR CONL	IIION GIVEN IN	PARI IIOI
OR CONTRIBUTION CASE OF DEATH OUR A.M. MONTH DAY YEAR  [FEITHER, NOTIFY MEDICAL EXAMINER]  21d. INJURY OCCURRED  WHILE NOT WHI	>	IA.	190. DATE OF OPERATION	19b. CONDITION FO	R WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WER	E FINDINGS USED
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 19  21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21II. LOCATION STREET CITY OR TOWN COUNTY STATE AT WORK AT WORK IN A hospital) attended the deceased from June 12 19 80 to June 26 19 80, that (we) let the body differ death.  220. I certify that (This haspital) attended the deceased from June 12 19 80 to June 26 19 80, that (we) let the body differ death.  221. SIGNATURE 222. DATE SIGNED 222. DATE SIGNED ATTENDING DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN CITY OR TOWN COUNTY STATE BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY STATE BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY STATE MINISTRAL DIRECTOR BURIAL, CREMATION, REMOVAL 23b. DATE 33c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY STATE MINISTRAL DIRECTOR BURIAL, CREMATION, REMOVAL 23b. DATE 33c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY STATE MINISTRAL DIRECTOR BURIAL, CREMATORY COUNTY STATE MINISTRAL DIRECTOR BURIAL, CREMATORY COUNTY STATE MINISTRAL DIRECTOR BURIAL CREMATORY COUNTY STATE MINISTRAL DIRECTOR BURIAL CREMATORY COUNTY STATE AND A STA	Sws 2	Ē					VES TO NOT	IN CERTIFYING	CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 19    Contributing Cause of Death (IFE ITHER, NOTIFY MEDICAL EXAMINER)   P.M. 19   Contributing Cause of Death (IFE ITHER, NOTIFY MEDICAL EXAMINER)   P.M. 19   Contributing Cause of Death (IFE ITHER, NOTIFY MEDICAL EXAMINER)   P.M. 19   Contributing Cause of Death (IFE ITHER, NOTIFY MEDICAL EXAMINER)   P.M. 19   Contributing Cause of Death (IFE ITHER, NOTIFY MEDICAL EXAMINER)   P.M. 19   Contributing Cause of Death (IFE ITHER, NOTIFY MEDICAL EXAMINER)   P.M. 19   Contributing Cause of Death (IFE ITHER, NOTIFY MEDICAL EXAMINER)   P.M. 19   Can Hour Can It is a state of Contributing Cause of Cause o	8 sho	E.	21a. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCU			
220. I certify that (this hospital) attended the deceased from June 12 19 80 to June 26 19 80, that (we) to june 26 19 80 and that in the course of the date and hour and from the causes stated above the body differ death.  226. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN D	E 9	1							
220. I certify that (this haspital) attended the deceased from June 12 19 80 to June 26 19 80 that (we) to sow the treated alw or June 26 19 80 and that in (aur) opinion death occurred on the date and hour and from the causes stated always the body differ death.  226. DEGREE 226. DATE SIGNED 226. DATE SIGNED 318 DATE 226 ADDRESS 6012 HARDAL N. Balto, 7/2. (Compared to the date and hour and from the causes stated always the body differ death.  226. DATE SIGNED 318 DATE 326. DATE 326. NAME OF CEMETERY OF CREMATORY 33d. LOCATION CITY OF TOWN COUNTY STATE BURIAL CREMATION, REMOVAL 33b. DATE 326. NAME OF CEMETERY OF CREMATORY 33d. LOCATION CITY OF TOWN CITY OF TOWN MICH STATE AND THE COUNTY STATE	1 1	DIC		21e. PLACE OF INJUR	RY	211. LOCATION			
270. I certify that (this haspital) attended the deceased from June 12 19 80 to June 26 19 80 that (we) to sow the deceased from June 26 19 80 and that in the (our) apinion death accurred on the date and hour and from the causes stated in the deceased from June 26 19 80 and that in the (our) apinion death accurred on the date and hour and from the causes stated in the deceased from June 26 19 80 and that in the (our) apinion death accurred on the date and hour and from the causes stated in the date and hour and from the	e o	¥	WHILE NOT WHILE	(AT HOME, STREET, FACTOR	RY, OFFICE, FARM, ETC.)		CITY OR TOW	N CO	UNTY STATE
June 26  19 80 and that in M (our) opinion death occurred on the date and hour and from the couses stated obout the individual of the indi	T T T T T T T T T T T T T T T T T T T		AI WORK	itel) ettended the decora	Tune	12 10 8	0 Tuno 26		90
226. DATE SIGNATURE  226. PHYSICIAN'S NAME (TYPE OR PRINT)  226. PHYSICIAN'S NAME (TYPE OR PRINT)  227. DATE SIGNED  328. BURIAL, CREMATION, REMOVAL  238. BURIAL, CREMATION, REMOVAL  238. DATE  238. NAME OF CEMETERY OR CREMATORY  238. DATE  238. DATE  248. NAME OF CEMETERY OR CREMATORY  258. DATE  269. DATE  269. DATE SIGNED  378. DEGREE  378. DATE  378. DEGREE  378.	15		sow the secessed alive of	June 26	19 80		, , , ,		
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA	sm 2		obove, No liwer (did) (did)	view the body after dea	oth.	/ }	- oom occorred on me do		
Burial 6-30-80 Holy Redeemer Cem Balto.  Md	#		Lu	Treleur	1	ATTENDING	MEDICAL _ STAF		AL DATE SIGNED
Burial 6-30-80 Holy Redeemer Cem Balto. Md	Ž		224 PHYSICIAN'S NAME TO	20 000 121	/-		DIRECTOR   PHYSICI	AN .	June 26,19
Burial 6-30-80 Holy Redeemer Cem Balto.  Md	DRT4				OUA	1. 1.	Pond MI	· Bas	6 7.17.15
Burial 6-30-80 Holy Redeemer Cem Balto.  Md	N P	_	10				/ /	, Jule	01
24 FUNEDAL DIRECTOR	1	23e. E	SPECIFY)				CITY OR TOWN		
THE DATE DECID BY DECICED ADIAN DECICED MANNESS AND		04.5		6-30-80	Holy	Redeemer C	em Balto		
John C. Miller Inc. 6415 Belair Rd.	1/76		NAME	A	DDRESS	25a. DA	TE REC'D. BY REGISTRAR 2	Sh. REGISTRATIVE	SAMAMRE

SO MARK YOUR SET OF SHEET AND THE FEB.

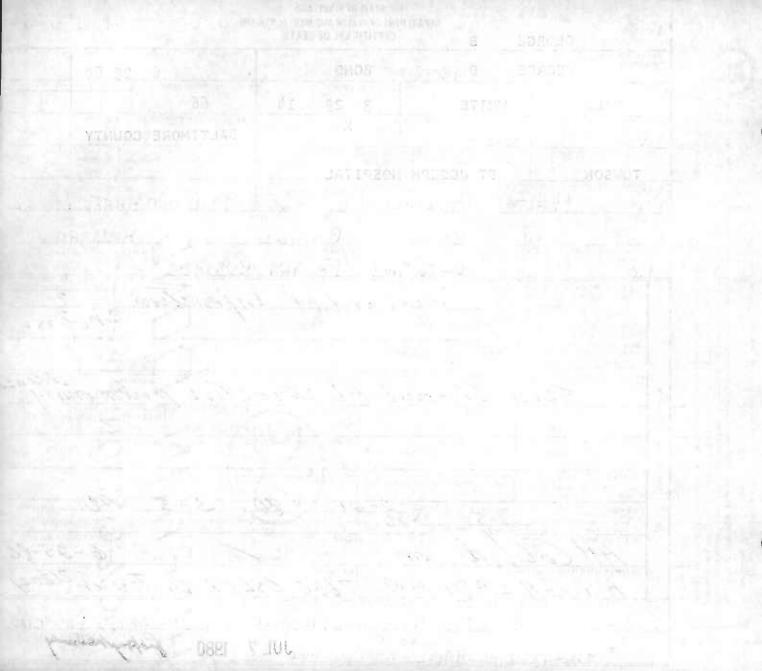
Duda-Ruck Funeral Home of Dundalk, Inc.

(VRA 15, 4) 1/79

STATE OF MARYLAND

bill restor. The bill the state of the state Concernate of lung. Bus 1/2 Hilpin 10 30 chisa 24480 404 BULLINS CUNRTERS RO/BAITS.MD/21220 BERMARO J. VERME A. D. report to the control of the control There are the state of the same of the sam

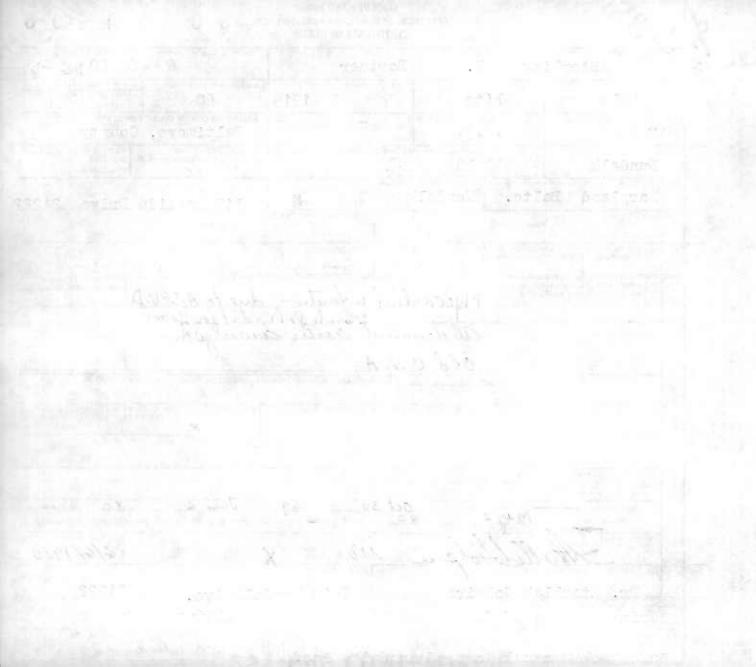
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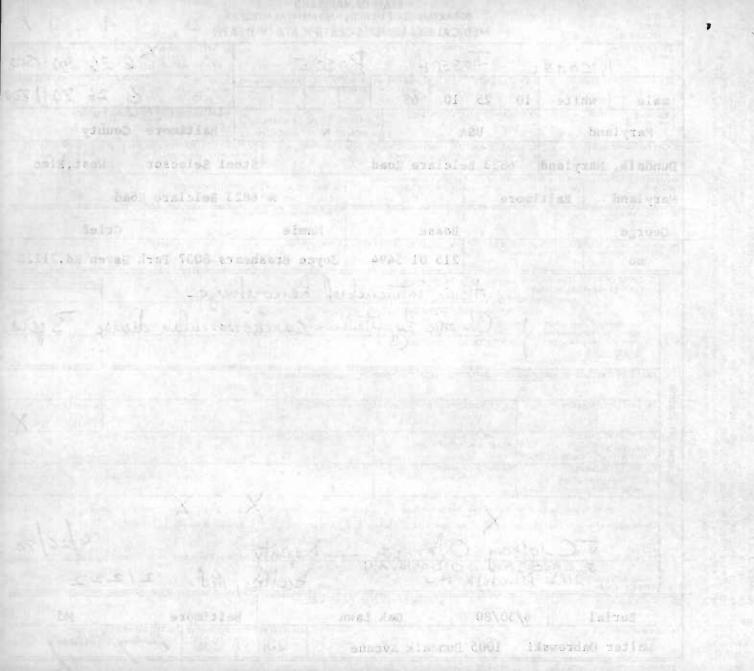
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Duda-Ruck Funeral Home of Dundalk.

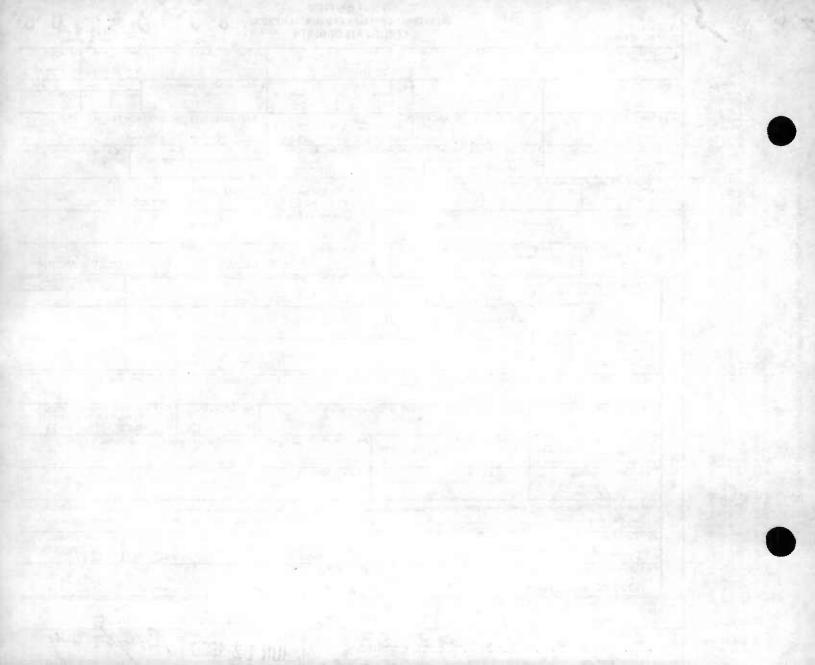
(VRA 15, 4) 1/79



1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO. 1 4 2 0
REGISTRAP MEDICAL EXAMINER'S CERTIFICATE OF DEATH
REG. NO.
10. DATE KNOWN MONTH DAY TEAK 16
The state of the s
MONTH DAY YEAR LAST BIRTHDAY MONTHS DAYS HOURS AIN PRONOUNCED
male   white   10   25   10   69   YRS.   DEAD   5   26   1980   10   10   10   10   10   10   10
FOREIGN COUNTRY)  MARRIED   NEVER MARRIED
Maryland USA widowed ☑ Divorced ☐ Baltimore County  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 1126. USUAL OCCUPATION (TYPE OF WORK 128. KIND OF BUSIN)
Dundalk, Maryland 6823 Belclare Road Steel Selector West, Elec
USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE (ITY LIMITS? 13e. STREET ADDRESS
Maryland Baltimore   YES□ NO 🗷 6823 Belclare Road
14. FATHER'S NAME FIRST MIDDLE LAST 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST
George Bosse Mamie Grief
160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (1F YES, GIVE WAR OR DATES)
no 215 01 5494 Joyce Brashears 8037 Park Haven Rd.212
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (q).)  APPROXIMATE INT BETWEEN ONSET AN
PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0) Acute inhacuebral kenouhage
Conditions, if ony, which (b) Chronic typutersure carchovorcular disease Sc
gove rise to immediate (b) (b)
couse (o) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSECUENCE OF
(c)
190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY?
YES D
216. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
714 INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 21f LOCATION
WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN COUNTY
AI WORK AI WORK
22a. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . ond in my opinion
death resulted from: Natural causes Accident , Suicide , Hamicide , Undetermined monner ,
ACTUAL V.C. JAHON O'DONO V. TITRE (SPECIFY)
SIGNATURE MEDICAL EXAMINER SIGNED
EXAMINER'S NAME 21/2 Dindalk Ave. ADDRESS BOLTO. Md. 2/222
236, BURIAL, CREMATION, REMOVAL   236, DATE   236, NAME OF CEMETERY OR CREMATORY   1234, OCCATION
(SPECIFY) COUNTY CTATE
(SPECIFY)  Burial  6/30/80  Oak Lawn  Baltimore  Md
(SPECIFY) CITY OR TOWN COUNTY STATE



1.	FOR	000400	STATE OF MARYLA		or O O	2	4	1 /7
	STATE REGISTRAR	DEPARI	CERTIFICATE OF D		REG. NO		they be	
	CEASED NAME FIRST	MIDDLE	LAST			MONTH DAY	YEAR	25 HOUR
(TYP	George	N.	Boston			6 11	80	9:35A
3 SE		RACE	5 DATE OF BIRTH		AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 H
	Male	Negro	MONTH DAY	26	54		NTHS DAYS	HOURS M
7a. B	IRTHPLACE (STATE OR FOREIGN 7h	CITIZEN OF WHAT COUNTRY	MARRIED W NEVERA		BALTIMORE CITY O		FDEATH	
	IARYLAND	U.S.A.		ORCED	Baltimore	County		
7		1. NAME OF HOSPITAL, NURS	NG HOME OR OTHER INST T ADDRESS)		12m USUAL OCCUPATE (TYPE OF WORK FOR MOST OF		126. KIND O	F BUSINESS
V	Towson	Greater Balti		nter				
13a	AL RESIDENCE HE HURSING HOME OR O STATE 13b COUNT	Y IBC CITY OR TO	WN 134. INSIDE C		3e. STREET ADDRESS			
	IARYLAND   ATHER'S NAME	Baltim		MAIDEN NAM	3908 Gree	nmount	Avenu	e
0		ODLE LAST		FIRST	WIDDLE		LAS	ī
O 160	WAS DECEASED EVER IN U.S. ARM	ED FORCES? 1166 SOCIAL SEC	URITY NO. 17 INFORMA	NĪ	ADDRE	SS		
	YES, NO OR UNKNOWN) (IF YES, GIVE W			ldine Bo		Green	mount	Avenu
	18 CAUSE OF DEATH (Enter only							MATE INTERVA
	PART I. DEATH WAS CAUSED	BY: Respirate	ory Arrest				BETWEEN	JASET AND DE
	IMMEDIATE	CAUSE (0)						
	4273	DUE TO, OR AS A CONSEON Hypoxic					- 0.0	
14-1	Conditions, if any, which gave rise to immediate	(b) Hypoxic	Jonia					
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEON	JENCE OF Arrest due to	(d) Ho	ort Discoss		100	
	PART 2 OTHER SIGNIFICANT CO	137					INI DART 11	0.1
Z	PARI 2 OTHER SIGNIFICANT CO	ONDINONS CONTRIBUTING TO	DEATH BOT NOT RECALED	TO THE TERMIN	THE DISEASE ON COIN	JINON ONEN	* # * 1 / 2 / 1 / 1 / 1	
T Š	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFO	RMED	20e AUTOPSY?	20b. IF YES, V	WERE FINDIN	GS USED
괴활					YES NO NO	IN CERTIFYII		NO
CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		JURY OCCURRE	D (ENTER NATURE OF INJUR			
1	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH I	DAY YEAR					
1 5		21e PLACE OF INJURY	21f LOCATIO	)N			COUNTY	
SOICE	214. INJURY OCCURRED	(AT HOME, STREET, FACTORY, OFFICE			CITY OF TOIL	eth t		
MEDICAL	214 INJURY OCCURRED  WHILE ONT WHILE AT WORK	(ATTIOME, SINCE), FACTORY, OFFICE	, FARM, ETC.) STREET		CITY OR TOW	'N	COUNTY	STAT
MEDICA	WHILE NOT WHILE AT WORK		, PARM, ETC.)	1980		/N 19	90	
MEDICA	WHILE NOT WHILE AT WORK  270   certify that (1) (this haspital saw the deceased alive an	1) attended the deceased from	, PARM, ETC.)		_, to6/II	19	80	that (I) (w
MEDICA	WHILE NOT WHILE AT WORK 220 I certify that (I) (this haspital	1) attended the deceased from	5/24		_, to6/II	19	80	that (I) (we causes stat
MEDICA	WHILE NOT WHILE AT WORK  270   certify that ( ) (this haspital saw the deceased alive an above, ( ) (we) (did (did nat))	1) attended the deceased from	5/24 80 . and that in (my)	(aur) opinian de	, to6/11 eath accurred an the do	19 ate and hour a	22c. DATE	that (I) (we causes stat
MEDICA	WHILE NOT WHILE AT WORK  270   certify that ( ) (this haspital saw the deceased alive an above, ( ) (we) (did (did nat))	ortended the deceased from 6/11 view the bady after death.	5/24 80 . and that in (my)	ATTENDING PHYSICIAN	, to6/11 eath accurred an the do	19 ate and hour a	80, and from the	that (I) (we causes state SIGNED
MEDICA	WHILE AT WORK AT WORK 220 I certify that (I) (this haspital saw the deceased alive an abave, (I) (we) (did) (did nat) 22b. SIGNATURE 3.	il) attended the deceased from 6/11 19 view the bady after death.	5/24 80 and that in (my)	(aur) opinian de	, to		22c. DATE	that (I) (we causes state SIGNED
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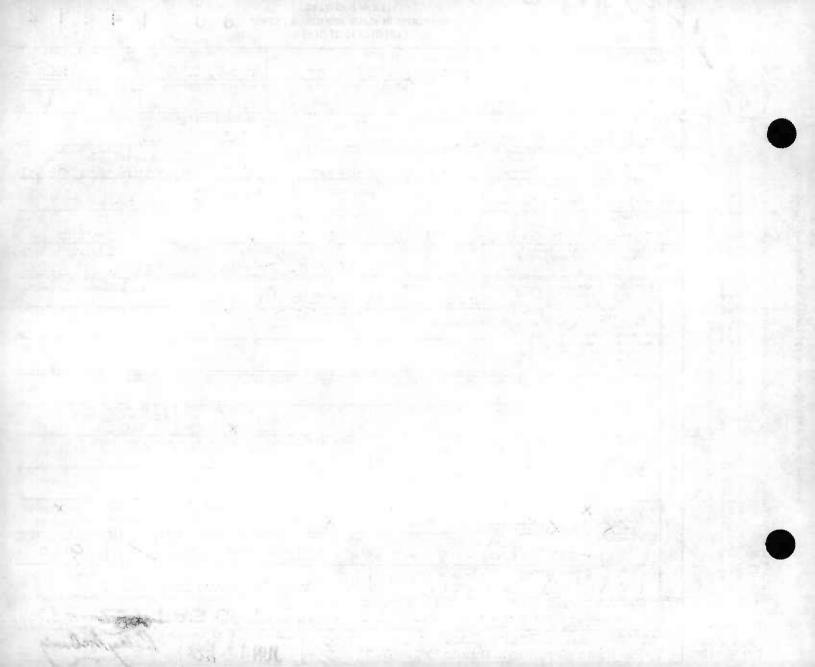
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Page 4 mr rector, pa irs after d	3 S	FEMALE	WHITE	5 DATE OF BIRTH MONTH OAY YEAR FEB 8 1917	6. AGE (IN YEARS LAST BIRTI	MONTHS DAYS HOURS MIN.
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ite be exertian and constitution and con		NO	WAR OR DATES) 478-14	-4007 HUSBAND E	ZRA BOSTO	SAME BS ABOVE  APPROXIMATE INTERVAL  BETWEEN ONSE AND DEATH
RDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 v requires that the death certificate be executed within 24 hour en signed by the attending physician and completely filled in by hen please remove carbon papers. Pages 1 and 2 should be filed rt oburial, cremation, or removal.  To burial, cremation, or removal.	NO	Conditions, if any, which gove rise ta immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQ (b) Myocardia  DUE TO, OR AS A CONSEQ (c)	al Infarction		DITION GIVEN IN PART 1(a)
TAL RECOR	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY?  YES ☑ NO □	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
DIVISION OF VITAL RECORDS,  UDING PHYSICIAN: The law req attending physician.  After this certificate has been sig as the burial-transit permit. Then th and Mental Hygiene prior to b it marked or Item 18 shows any in		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	19	RED (ENTER NATURE OF INJUR	r IN ITEM 18, PART 1 OR PART 2)
DIVISION ENDING PR or attending DR: After th se as the bur lealth and M is marked	MEDICAL	21d. INJURY OCCURRED  WHILE OF WHILE AT WORK	21& PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 211 LOCATION STREET	CITY OR TOW	N COUNTY STATE
HOSPITAL OR ATTENING by the hospital or a lined by the hospital or a lid be detached for use a the State Dept. of Head of ORTANT: If Item 21 is		220 I certify that (I) (this hospit saw the deceased alive on above. (I) (we) (did) (did not 22b. SIGNATURE	) view the bady after death.	DEGREE  ATTENDING PHYSICIAN [ 27e ADDRESS	MEDICAL STAP	te and hour and from the causes stated  22c. DATE SIGNED  FIAN
1503BP		BURIAL, CREMATION, REMOVAL (SPECEY)  UNERAL DIRECTOR  NAME	54NE11,1900 9	NAME OF CEMETERY OR CREMATORY ECURITY PROCESS 250. DA	23d LOCATION CITY OR TOWN	COUNTY STATE
(VRA 15, 4) 1/79	0	ONNELLY FUNER	HI HOME 200 MAR	EAVE. 21221		

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME KNOWN LTYPE OR PRINTI ESTI-0/00 Rita Anne Bowers DEATH MATED SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOLINCED Female White 11 20 1918 61 DEAD 76. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY USA MAWIDOWEDXIX DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1126, KIND OF BUSINESS for most of working life)
Manager-Millrace Tavern Restau-1629 Ingleside Ave. Catonsville USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 21201 Baltimore Catonsville 1629 Ingleside Ave. NO KK 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Michael LAST Sarah Kane Corcoran 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Mr. Joseph M. Bowers 16b. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) No 220-09-3656 2115 Spencer Lane, Finksburg, MD 21048 18. CAUSE OF DEATH (Enter only ane cause per line for (o), (b) and (o.) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). DIVISION OF VITAL RECORDS, CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL, YES NO | 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME 211. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE 22a. I certify that tack charge of the remains described above, held an Autapsy Inspection and in my opinian TO MEDICAL EXAMIN
EXECUTE THE CERTIFIC
PAGE 4 SHOULD BE
TO FUNERAL DIRECTO
AFTER DEATH, WITH THE death resulted from Suicide Undetermined manner Homicide ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) Burial 6/18/80 Lorraine Park Cemetery Woodlawn Baltimore P. A 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 8728 Liberty Rd., Randallstown, MD 21133 **DHMH - 17** (VR A15 ME (5)) 30M 7/73

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ene	2	Ŧ					YES TO NOT	YES T	NO
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offit. Pag		CITIZEN OF WHAT COUNTRY?	MARCH 18 1927  MARRIED   NEVER MARRIED	9. BALTIMORE CITY OF	
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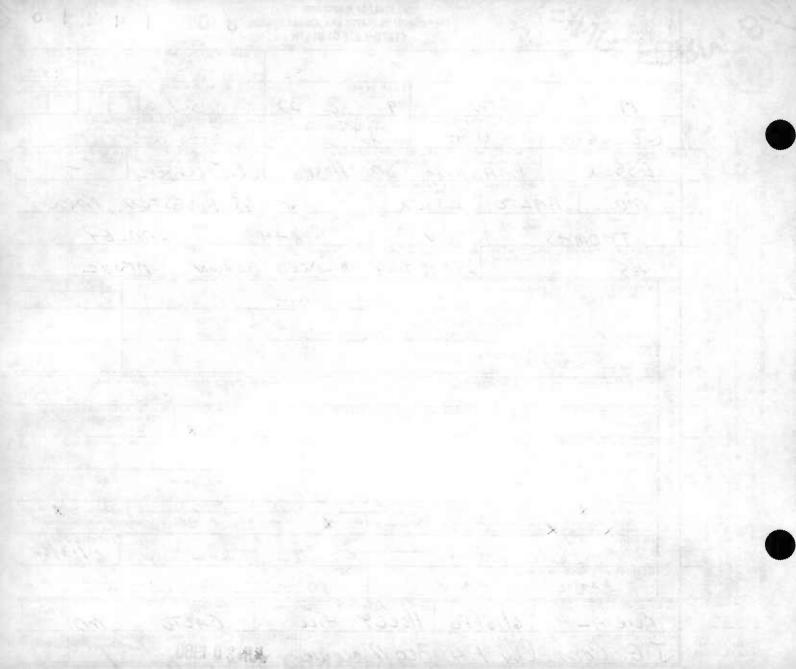
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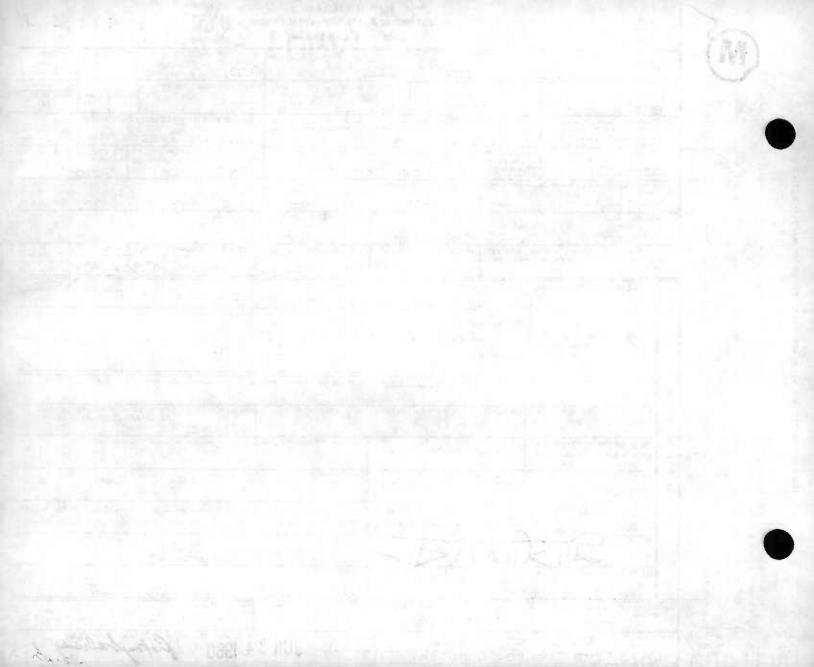
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

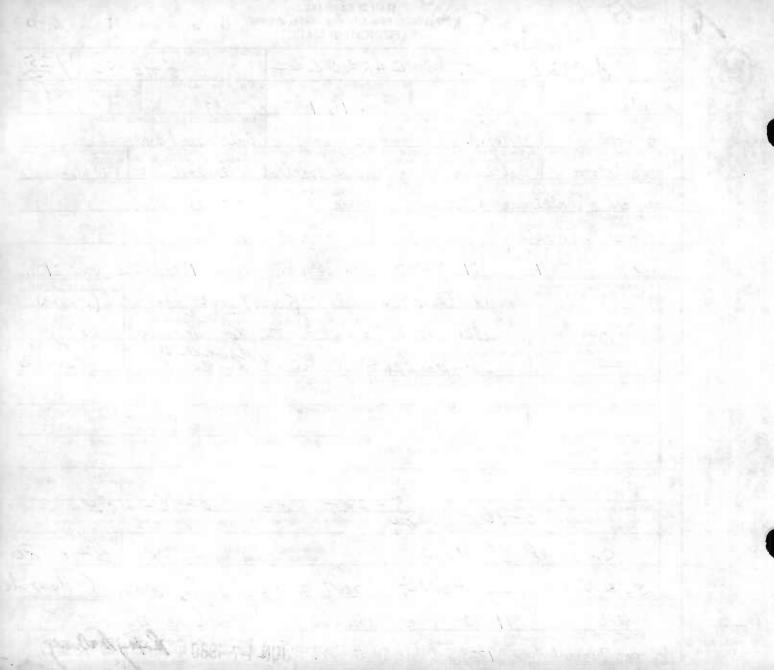
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10		1. DE	CEASED NAME FIRST		MIDDLE	LK J	LAST	20. DATE KNOWN	
15	SE. S. S. T.	(TYI	JAMES	Jo	SEBH	CA	RLIND	OF ESTI-	
	PLE A CCTO FILE HOUL	3. SE	4. RACE	S. DATE OF BIRTH	YEAR LAST BIRTHE		DER 1 YR. IF UNDER		MONTH DAY YEAR 24. HOUR
	DIRE OUR	Str. 311	ALE CAUCAS.	MONTH 23	20 LAST AIRTHE	RS. MONT	HS DAYS HOURS	PRONOUNCED DEAD	6-29 1980 AM
	ESS/ ERAL OR Y	10 B	IRTHPLACE (STATE OR DREIGN COUNTRY)	7b. CITIZEN OF WH		8. MARR	ED NEVER MARR	IED	OR COUNTY OF DEATH
	S NECESSARY, PLEASE E UNERAL DIRECTOR. 5 FOR YOUR FILES. D. WITHIN 72 HOURS FIFT ON STREET.		I'ALY	USA		WIDOW		ED C	RE COUNTY MD.
1.	THOUSE T	RO	SSVILLE	FRANKLI	N SQUARE	HOS:	PITAL	LABORER (TY	PE OF WORK 12% KIND OF BUSINESS WATER WKS.
21201	AND	13a, S	AL RESIDENCE (IF IN NURSING HOME OF TATE 136 COUNTY BAL	TIMORE	RUSEDAL	ion)	13d. INSIDE CITY LIMITS?	13 22 TADDRESS TILT	OWNE CIRCLE
WD.	DEATH. II GES 1, 2, km PM 3. AND 2 S OF VITAL	14. F.	ATHER'S NAME GIÚSTO	MIDDLE	CARLIN	0	15. MOTHER'S MAIDE PHYLL		LAST
BALTIMORE,	AFTER NE PAC H FOR GES 1 SION C	16a. \	VAS DECEASED EVER IN U.S. ARI ES, NO, OR UNKNOWN) (1F YES, GIVE VES	MED FORCES?	166. SOCIAL SECURIT		ROSE CAP	ADDRESS RLINO 2217 HA	MILTOWNE CIR.
301 W. PRESTON ST.,	UTED WITHIN 24 HO EXAMINER ALONG RIAL-TRANSIT PERMIT NÆNTAL HYGIENE, OR REMOVAL.		Conditions, if ony, which gave rise to immediate cause (a) stoting the <u>underlying</u> cause last.	D BY:  TE CAUSE (a)  DUE TO, OR  (b)  DUE TO, OR  (c)	AS A CONSEQUENCE	OF	yo care	hid Infa	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RECORDS,	BE EN ADING AEDIC AS A ALTH A MATIC	NOI	PART 2 DTHER SIGNIFICANT CONDITIONS					RT 1 (a).	
ITAL RE	00=54	CERTIFICATION	196. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPE	RATION W	'AS PERFORMED?		20. AUTOPSY?
DIVISION OF VITAL	TIFICATE TO THE WOULD B HOULD B ARTMENT R TO BUR	MEDICAL CER	21a EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	DEATH P.M.	MONTH DAY YEA	R		D (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
DIVIS	R: THIS CER TE, WRITING DRWARDED : PAGE 3 S STATE DEP 21201 PRIO	MED	214. INJURY OCCURRED WHILE NOT WHILE AT WORK	STREET EACT	OF INJURY (AT HOME, ORY, FARM, ETC.)	211. LO	CATION TREET	CITY OR TOWN	COUNTY STATE
	AL EXAMINER: HE CERTIFICATE HOULD BE FOR AL DIRECTOR: TH, WITH THE  \$\$\text{\$\exitit{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\		228. I certify that I took charg death resulted from: Natur ACTUAL SKONATURE	e of the remains described to causes		Autop	sy , Inspectio , Homicide , TITLE (SPECIFY)	Undetermined monner	DATE SIGNED 6/29/80
	TO MEDICA EXECUTE TO PAGE 4 SP TO FUNER AFTER DEA BALTIMORE		EXAMINER'S NAME K. 5	AHLU	WALLA	<b>-</b>	ADDRESS 2112	Dundalk:	Au Bull 2/22
11.111		23a. B	BURIAL	3b. DATE 7/2/8	23c. NAME OF CE			23d. LOCATION CITY OR TOWN	COUNTY STATE
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0 - 0	z	PART 2 OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO D	BEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GI	VEN IN PART 1/01			
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7 5 D	1	REMATION	7-1-80 /11	STUELL MAN PAN	K CITY OR TOWN BALTE	O'CO MD.			
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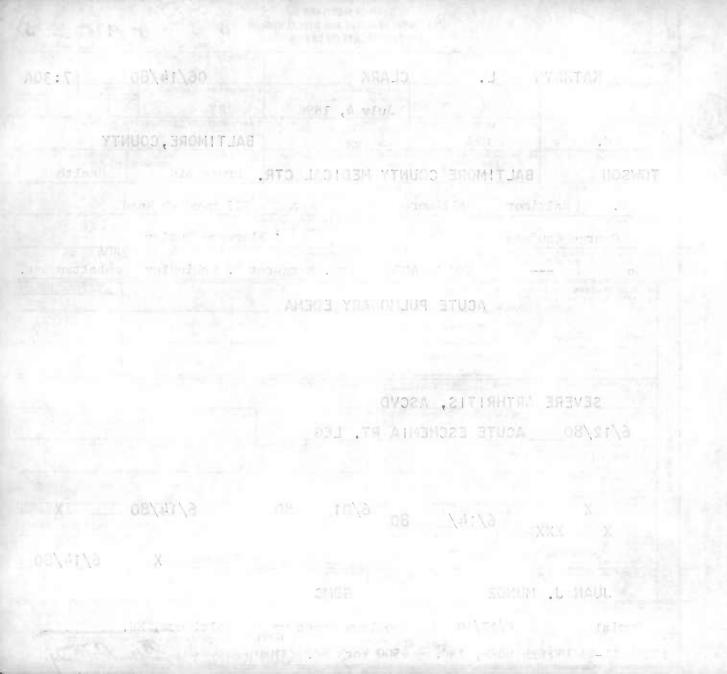
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	1			STATE OF MARYLAND			
	1.	FOR STATE REGISTRAR	DEPARTA	CERTIFICATE OF DEAT		1 4 2	2/
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W.	3. SE	MALE	CANCASION	5. DATE OF BIRTH MONTH DAY YE	AGE (IN YEARS LAST OIRT	MONTHS DAYS	HOURS MIN
	9	IRTHPLACE (STATE OR FOREIGN 76 OUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRI	ED U TZ 114	RCOUNTY OF DEATH	inte MD
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and	13a	me. Hea	HER INSTITUTION, GIVE RESIDENCE BEFORE 1134. CITY OR TOWN WAY CHAPTET	ADMISSION) 134 INSIDE CITY LIA YES NO	134. STREET ADDRESS	narviottsu	ille Ro
and 2 sh	14. F.	Albert ME	CAS4	15. MOTHER'S MAIL LEL	DEN NAME MIDDLE	SLOW	94
Pages 1 a		WAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN!   IF YES, GIVE W	AR OR DATES)		Cash 840 M	avyietts vi	110 Pd.
signed by the attendir on please remove carbo or burial, cremation, or injury, or other traun	7	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT CO		le Myocano nceof scluotic co	ndio-Vascula	a Wisterne	0,
hospital or attending physician.  DRECTOR: After this certificate has been hed for use as the burial-transit permit. The Dept. of Health and Mental Hygiene prior to if Item 21 is marked or Item 18 shows any	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20€ AUTOPSY?	206. IF YES, WERE FINDING IN CERTIFYING CAUSES YES	
	400	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH    IF EITHER, NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH DA		OCCURRED (ENTER NATURE OF INJUI	IY IN ITEM 18, PART 1 OR PART 2)	
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		22a. I certify that (I) (this hospital sow the deceased alive an above, (I) (we) (did) (did not). 22b. SIGNATURE		6 - 17, 19, 80, and that in (my) (our)	opinion death occurred on the de	, , , , , , , , , , , , , , , , , , , ,	
detac tate [		16	10 alm	ATTENI PHYSI	DING MEDICAL STAT		-26-86
h the		DR & SUDKI	R. D. PATE	27e ADDRESS 2 Rol ^	country be	n. Hospit	al
o sh with the state of the stat		BURIAL, CREMATION, REMOVAL		LENGTECH MEM	CITY_OR TOWN	Lus CANVEL	1 the
HMH-16 25M		UNERAL DIRECTOR	ADDRESS		250. DATE REC'D. BY REGISTRAR	256. PEGISTRAR'S SIGNAT	TURE

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death. P		<i>i</i> 70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Md.	76 CITIZEN OF WHAT CO	MARRIE WIDOWI	D NEVER MARRIED	BALTIMORE CITY O	E . COUNTY	MD.
or ours after	by the fu	5 10	TOWSON	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, O BALTIMORE	, NURSING HOME (		12e. USUAL OCCUPATI	ON 12b. KIND F WORKING LIFET INDUSTR	OF BUSINESS OR
ND 212	should be file	5 13	SUAL RESIDENCE IN NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDE	NCE BEFORE ADMISSIONS OR TOWN LIMOTE		13e STREET ADDRESS 727 Murdo	ck Road	
MARYLA uted with	d 2 d 2	14.	FATHER'S NAME FIRST George Ca		LAST	15. MOTHER'S MAIDEN NAM	Florence Bu	tler	LAST
X BC	0_ 6	160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOC	IAL SECURITY NO.	17 INFORMANT	ADDRE	ss 2804	
No e	Pages t, the m		(YES, NO OR UNKNOWN) (IF YES, GI	ve war or dates) 220	18 4058 I	Mrs. Margare	et E. Schin	dler Manha	ttan Ave.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120' IDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour	e has been signed by the attending phremmir. Then please remove carbon parene prior to burial, cremation, or remshows any injury, or other traumatic	CEPTIEICATION			ONSEQUENCE OF		VAL DISEASE OR CON    200 AUTOPSY?   YES   NO	DITION GIVEN IN PART  206 IF YES, WERE FINE IN CERTIFYING CAUS	DINGS USED
IAN ian.	is certificate had ial-transit perm fental Hygiene I or Item 18 show	1 8	21a ACCIDENT WAS UNDERLYING	218. TIME OF INJURY		21c HOW INJURY OCCURRE			
OF /	his certi		00.000.000.000.000.00		NTH DAY YEAR				
DING PHY ttending ph	IR: After this of a sthe burial ealth and Men is marked or	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJUR (AT HOME, STREET, FACTOR	Y	211 LOCATION STREET	CITY OR TOV	vn county	STATE
FAL OR ATTENI	TO FUNERAL DIRECTOR: should be detached for use as with the State Dept. of Healt IMPORTANT: If Item 21 is:		220.1 certify that A) (this has some the decreased align-above. A (with ideal ) A. 27th. SIGNATURE	ortal) attended the decease the body after deal	19 <u>80</u> .	nd that in (MY) (aur) apinion di DEGREE  ATTENDING PHYSICIAN	mEDICAL STAI	22c. DA	_, that X (we) last he couses stated TE SIGNED /14/80
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HO	FUr h the		JUAN J.	MUNOZ		GBMC			
To	O sho	23	BURIAL, CREMATION, REMOVA		23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		
/91 / BP			Burial	6/17/80		Lawn Cemeteny	Raltimo	re Md	STATE
111		24	FUNERAL DIRECTOR				REC'D. BY REGISTRAR	158 REGISTRAR'S SIGN	ATURE
	HMH-16 25M		MITCHELL-WIEDER	ELD HOME, IN	ORESS 6500	York Rd. THIM	1114 00 10000	file hh	100



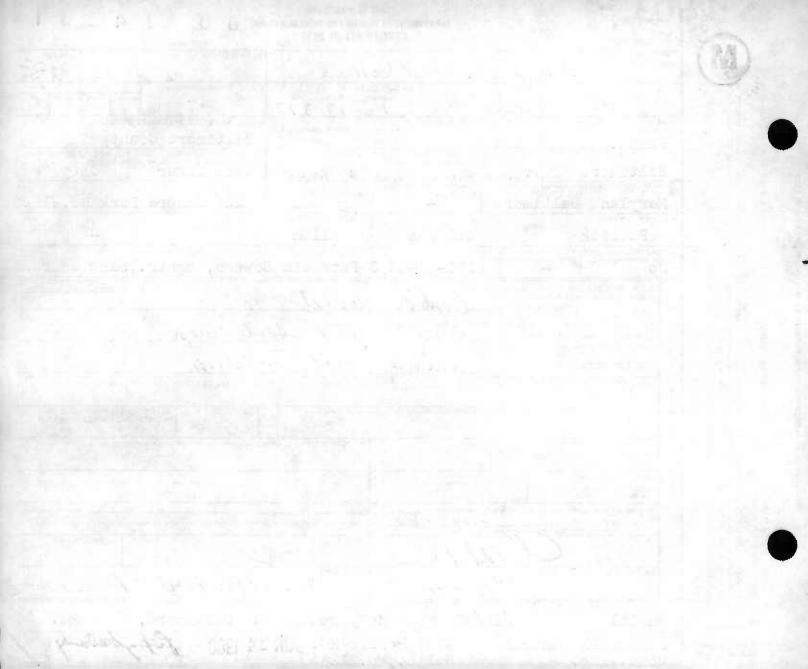
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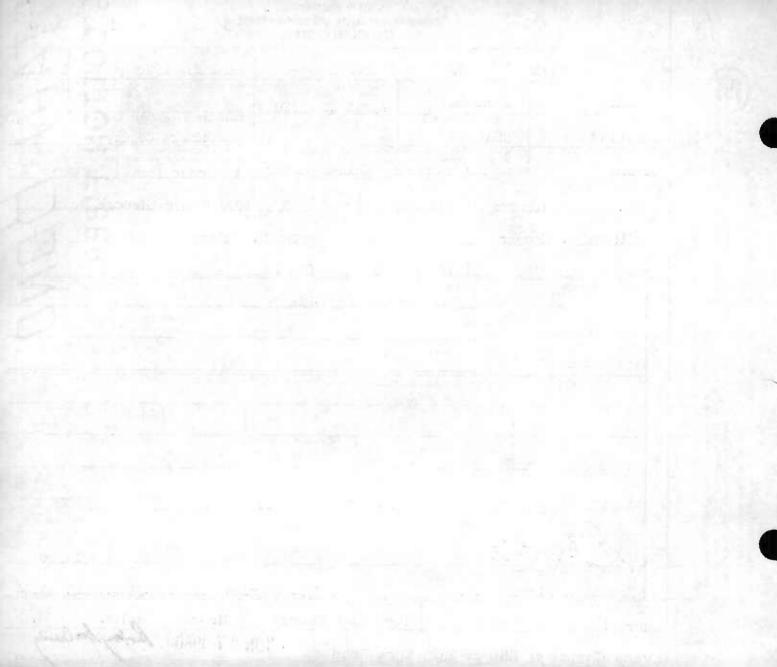


15	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF N	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 Q	1 4 2 3 2
death		CEASED NAME FIRST Mary		· D•		onklin	2a. DATE OF DEATH MONI	H DAY YEAR 26 HOUR
dieco	3. SE	female	4. RACE whi	te	S. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR MONTHS DAYS HOURS MIN
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en please remon burial, crematii ury, ar ather tra	z	Canditians, if any, which gave rise to immediate cause (a), stoting the underlying cause last.  PART 2. OTHER SIGNIFICANT	(c)	OR AS A CONSEQUE			MINAL DISEASE OR CONDITION	ON GIVEN IN PART 1(0)
shows any inju	CERTIFICATION	190 DATE OF OPERATION			OPERATIO	N WAS PERFORMED	YES NOD	. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \text{NO} \)
nd Mental Hy	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETTHER, NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED ON THE ONE OF THE ORIGINAL CAUSE OF THE	P. 21e. PLACE		AY YEAR 1950		RRED (ENTER NATURE OF INJURY IN II)  CITY OR TOWN	EM 18, PART 1 OR PART 2)  COUNTY STATE
e Dept. of Health o : If Hem 21 is mark		22a.I certify that (I) (this hasp saw the deceased alive ar obove, (I) (we) (did) (did no	Ma	15 19		DEGREE ATTENDING	deoth occurred on the date a	nd hour and from the causes stated
							_ Dimecrok _ Illionena	
with the State		22d PHASICIAN'S NAME THE CO	nder	grass		22e. ADDRESS	JONKIUS &	neology Car

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Pheny Ce.	4 1	7a. BII	THPLACE (STATE OF	FOREIGN	76 CITIZEN OF	WHAT COUN	ITRY? 8	XX NEVER MARR	RIED 0	BALTIMORE CIT	Y OR COU	INTY OF DEA	TH	
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ealth mo			22a.t certify that	(I) (this hospi	tal) attended th	e deceosed f	rom June	13 15	9 80	, to June	23		), tho	ot (I) (we) lost
of H 21 is			sow the deced	osed plive on	June 2	23	19_80_, 0	nd that in (my) (aur)	opinion dec	oth occurred on th	ne dote and	hour and fro	m the cou	uses stated
Dept.			229 SIGNATURE	/ (did) (did no	1) view the body	Offer deom.		DEGREE				226.	DATE SIC	GNED
F F			01	7	m				NDING	MEDICAL DIRECTOR   PH	STAFF	8 6	5/24/	/80
the State	7		224 PHYSICIAN'S	NAME (TYPE O	R PRINT)			22e ADDRESS	ACIAIT		Z les	A 1	21 441	00
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with		23n B	Ronald I			, .	23c NAME OF C	EMETERY OR CREM		23d LOCATION				
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E d B e S A	1	224 PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS			7,0
+ · · · · · · · · · · · · · · · · · · ·		JAMES J. NOLA	AN, M.D.			1 MALLOW	HILL ROAD		
Dag Sp. M.	23a. [	BURIAL, CREMATION, REMOVA				EMETERY OR CREMATOR	CITY OR TOWN	COU	NTY STATE 5-
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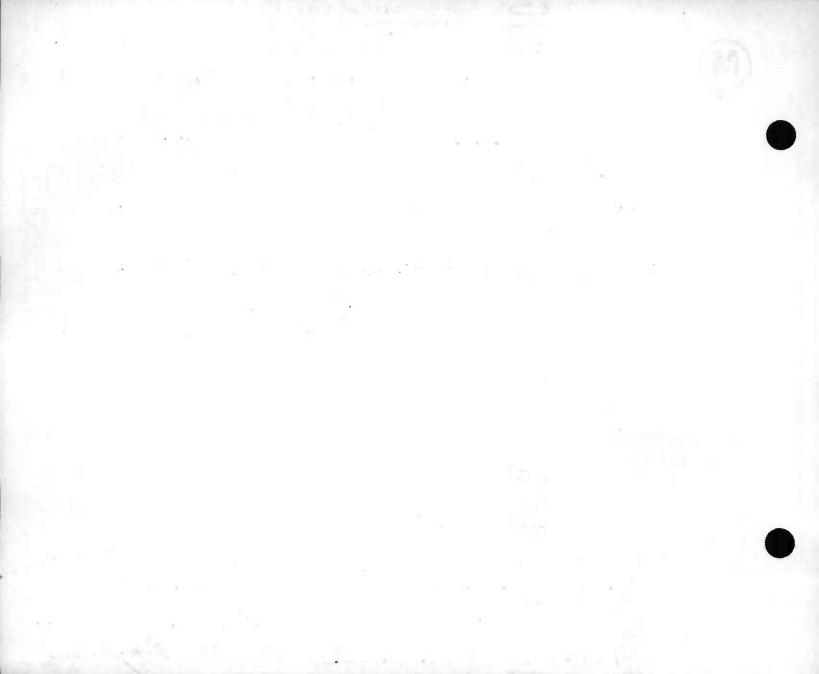
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n and cornages 1 are		VAS DECEASED EVER IN U.S. AR		3 10 1310	Cora Coughe	nour, Wife	Same
e death certifice ttending physic e carbon papers ion, ar removal r traumatic ever		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT Conditions, if any, which	E CAUSE (a)	CONSEQUENCE OF	Dil defor	do	APPROXIMATE INTERVINENCE AND O
quires that the gened by the a please remove burial, crematingury, or othe		gave rise to immediate cause (a), stating the underlying cause last.	(c)	CONSEQUENCE OF		(Lio Vosculer)	
AN: The law re an.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION F	OR WHICH OPERATIO	CH F DN WAS PERFORMED	20a AUTOPSY? 20b. II YES NOXX	FYES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH
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AL OR AT he hospita AL DIREC tached for the Dept. of T: If Item			PRINT)		22e ADDRESS		<del></del>
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE J. DECEASED NAME 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR (TYPE OR PRINT) EdWARG 80 150 3. SEX RACE 6 AGE (IN YEARS LAST BIRTHDAY) DATE OF BIRTH IF UNDER I YEAR MONTH YEAR Male Whit! JULY 1958 TE CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED USA Washington 20 WIDOWED DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS: (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CENTER WOOD DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY 13c CITY OR JOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS D.C Washington Washington Hose YES 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST Gene Howard ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO (YES, NO OR NUKNOWN) (IF YES, GIVE WAR OR DATES) Mr. Edward C. Cowher Columbia, Md. None APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF RO FOUND MENTAL RETARDATION Conditions, if ony, which gove rise to immediate couse (o), stoting underlying cause lost ā PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONTRIBUTIONS OF THE PART THE CERTIFICATION 0 pny 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED ď pr IN CERTIFYING CAUSES OF DEATH? be NO YES T NO [ the buriol-tronsit p and Mental Hygier sho 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Item MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 ā 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION NOT WHILE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE AT WORK AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from MAY saw the deceosed alive an obave, (I) (we) (did) (did nat) view the body ofter death and that in (my) (aur) opinian death occurred an the date and haur and fram the causes stated DIREC DEGREE 22c. DATE SIGNED \* ATTENDING MEDICAL be deta e State ( PHYSICIAN DIRECTOR PHYSICIAN HYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS IMPORT/ ld b ŧ 230. BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY OCATION 23b. DATE STATE June 2,80 Baltimore, Md. Cremation Westview Park BP. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25th REGISTRAR'S SIGNATURE DHMH - 16 60M 1/75 11ome Reisterstown, Md. 21136 (VR A 15 (4)) 1980

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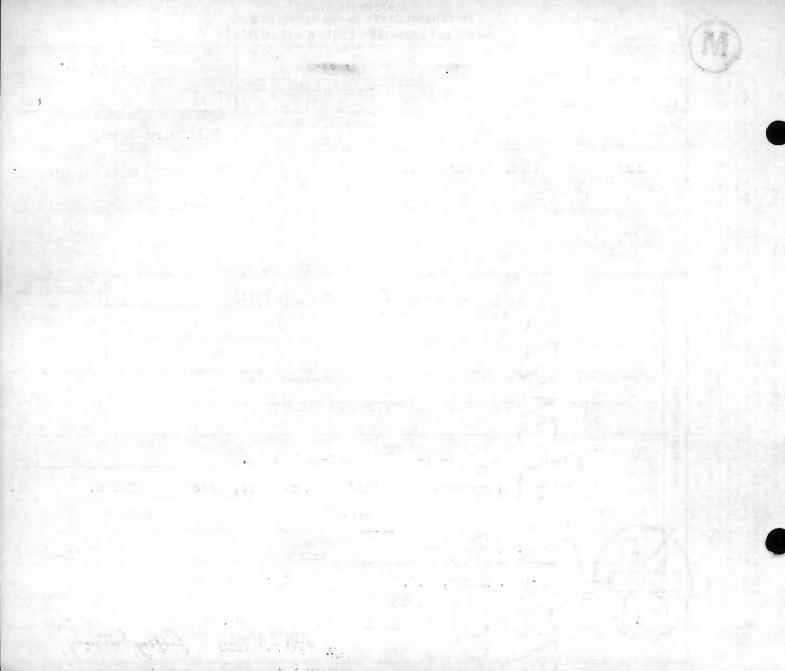
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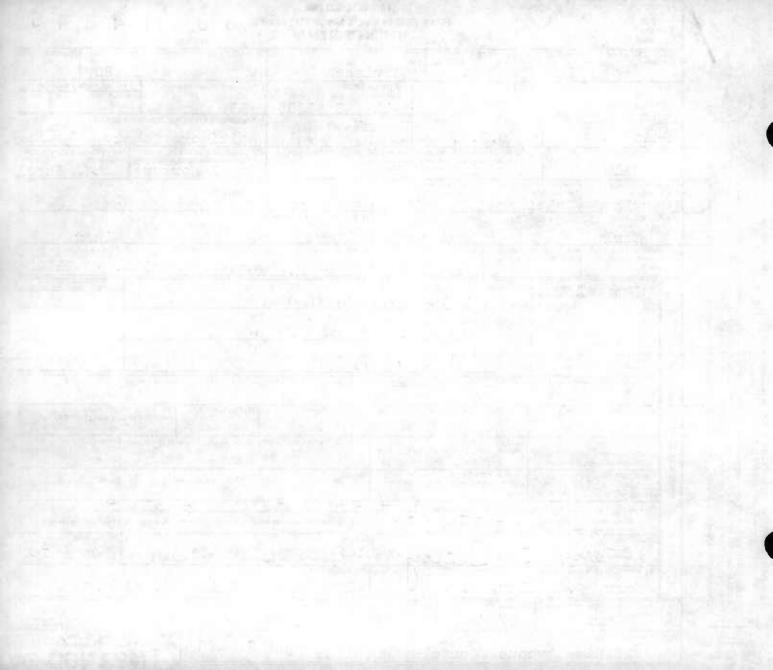


	1.	STATE REGISTRAR	OCT A	RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	REG. NO.	
6-3	I. DE	CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HO
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	3 SE	X	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDE
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nou	10 €	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSING LIFE) INDUSTRY
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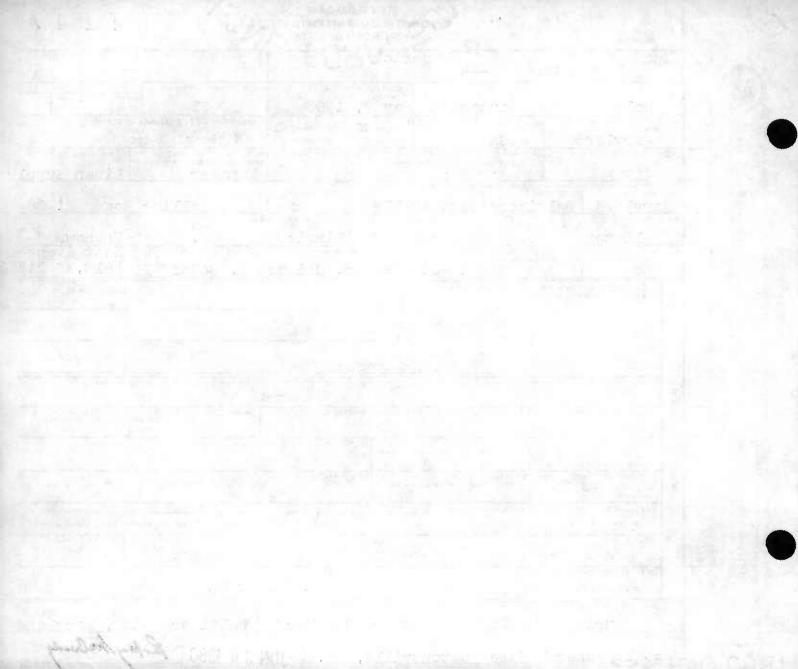
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TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with

retained by the hospital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and can should be detached for use as the burial-transit permit. Then please remove corbanipapers. Pages 1-with the State Dept, of Health and Mental Hygiene prior to burial, cremation, ar remaval.

funeral director, page 3 thin 72 hours after death

IMPORTANT: If Hem 21 is marked at Item 18 shows ony injury, at other troumatic event, the medical examiner must be notified at ance.

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	1				STAT	E OF MARYLAND				
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		REGISTRAR			CERTIF	ICATE OF DEATH	DEC N	0	8 6m	
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	3. SE		4. RACE				6 AGE (IN YEARS LAST BIRT	HDAY)		
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME DATE KNOWN XX MONTH 7h HOUR (TYPE OR PRINT) ESTI-WILLIAM Richard DEATH MATED 29 19 80 DIEHT 4 RACE 24.49 HR SEX IF UNDER 1 YR IF UNDER 24 HRS 2c. DATE PRONOUNCED LAST BIRTHDAY male white June 27,1960 DEAD 80 20 19 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. Baltimore County

12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS WIDOWED [ DIVORCED 10 CIX OR TOWN OF DEATH Reisterstown **Carrison** 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY IN SUCH FACILITY, GIVE STREET ADDRESS) 12305 Greenspring Avenue S WITH FORM PM 3. RETAIN PAI, II. PAGES 1 AND 2 SHOULD BE FILE. DIVISION OF CITAL RECORDS, 30 Landscaping Labor USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134 INSIDE CITY LIMITS. 130. STREET ADDRESS Ridge Road 13c CITY OR TOWN 113b COUNTY Md. Balto. Reisterstown 15. MOTHER'S MAIDEN NAME Viola 14 FATHER'S NAME Louise Greaser George Louis Diehl 17. INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 1935 Ridge Road, (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Viola Diehl Reisterstown. Md. 18. CAUSE OF DEATH (Enter only one cause per line far (o), (h), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Shotgun wound of head IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF AND ME lying cause lost. CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? PF TO BURIAL, YES XX NO ORWARDED TO THE C R: PAGE 3 SHOULD BE E STATE DEPARTMENT C , 21201 PRIOR TO BURIA 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL 6- ?-- 19 80 self/inflicted CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC. CITY OR TOWN WHILE AT WORK AT WORK house 12305 Greenspring Ave. Owings Mill, Maryland XX DIRECTOR: , WITH THE S 22a. I certify that I taok charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinian XX Homicide \_\_\_\_ Undetermined manner deoth resulted from: Notural couses Accident TITLE (SPECIFY) ACTUAL TO MEDICAL E
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AFTER DEATH, V
BALTIMORE, MA Assistant MEDICAL EXAMINER 6-29-80 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn Street (TYPE OR PRINT) 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY July 1, 1980 Grace Meth. Church Cem. Reisterstown, Balto, Md. Burial 24. FUNERAL DIRECTOR 25b. REGISTRAR SEASNATURE DHMH · 17 owings Mills, Md. (VR A15 ME (5)) 15M 7/77

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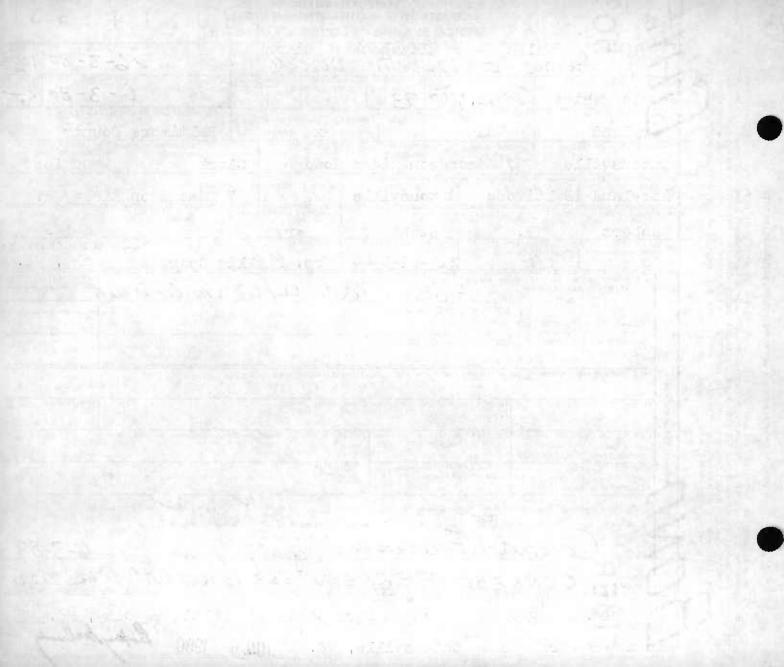
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(12)		FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	1 4 2 5 3
		REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEXTH	REG. NO.
	-	1. DECEASED NAME PRINTI Alma , Dixon 20. Date Citype or PRINTI	KNOWN MONTH DAY YEAR 26 HOUR
	S S S S E		ESTI- MATED 10/6-3-180 190
	PLEASE RECTOR HOUSE STREET	3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 24. DATE	MONTH DAY YEAR 2d. HOUR
	S S S S S S S S S S S S S S S S S S S	Female White Feb. 1, 1907 73 yrs.	MATED 6-3-190 74 M MONTH DAY YEAR 24 HOUR ICED 6-3-180 88 M
	AL L	76. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 8	ORE CITY OR COUNTY OF DEATH
	VECESSARY PLEASE UNERAL DIRECTOR S FOR YOUR FILES WITHIN 72-HODGS WITHIN 72-HODGS WITHIN 72-HODGS	Maryland USA WIDOWED IX DIVORCED Bal	timore County MD.
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		Catonsville 37 Edmondson Ridge Road Clerk	
	AND 3 TO RETAIN P HOULD BE RECORDS.	USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	Ullice
5	RETORDS  RECORDS	13g. STATE _ 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE (1TY LIMITS? 13e. STREET ADDRE	SS Diam Di
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WD	PM 3. PM 3.		IDDLE LAST
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WO	E PAGE FORM FORM ON OF	160. WAS DECEASED EVER IN U.S. ARMED FORCES?  [YES, NO, OR UNKNOWN] [IF YES, GIVE YVAR OR DATES]  160. SOCIAL SECURITY NO. 17. INFORMANT	ADDRESS 226 Ridgeway Ro
BALTIMORE,	<>IOS SOIE<	No N/A 214-01-6944 Mrs. Phyllis Ce	
		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Z ST.,	N 24 HO I ITEM II ALONG PERMIT I'GENE,	PARTI DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Arterio cleratie Cordionia	Cer Diocery
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DIVISION OF VITAL RECORDS,	LEA A REA	196. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  216. EXTERNAL CAUSE WAS  216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 216. INJURY OCCURRED 216. FIACE OF INJURY (ATHOME. STREET, FACTORY, FARM, ETC.)  STREET  CITY OR TO	2D AUTOPSY?
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	E. THIS (E. WRIT) SRWARD SAWARD STATE (STATE)		
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	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE TO FUNERAL DIRECT AFTER DEATH WITH BALTIMORE, MARYLAN	EXAMINER'S NAME CONRADO FERREBORS 555 Ball	5 Ntl-Pike 21228
	TO PAGE PAGE AFTE BALT	23a, BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN	COHNIY STATE
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	DHMH - 17	24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRA	R 25b. REGY RAR'S SIGN ATUR
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 IDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours	in signed by the attending phen please remove carbon part to burial, cremation, or remay injury, or other traumatic	NO	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO	D, OR AS A CON	SEQUENCE SEQUENCE	OF OF	HIS	ARRES	F EM			1 GIVEN	91	OUR
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DIVISION P	After After S the th ar mark	MED	216. INJURY OCCURRED  WHILE NOT WHILE AT WORK		CE OF INJURY E, STREET, FACTORY, C		TC.)	LOCATION	ON		CITY OR	TOWN		COUNTY	STATE
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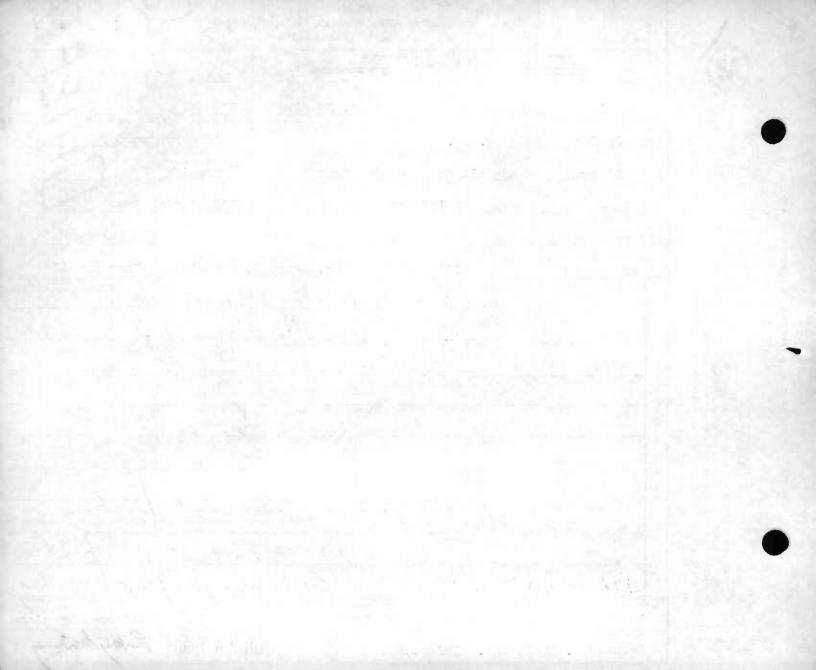
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35	USU# 13a S	AL RESIDENCE (IF NURSING HOMITATE 136 CC	e or other institution DUNTY ltimore	GIVE RESIDENCE BEFOR	admission)	13d INSIDE CITY LIMITS? YES NO	131211 APORESS	th Rd.	21220	)
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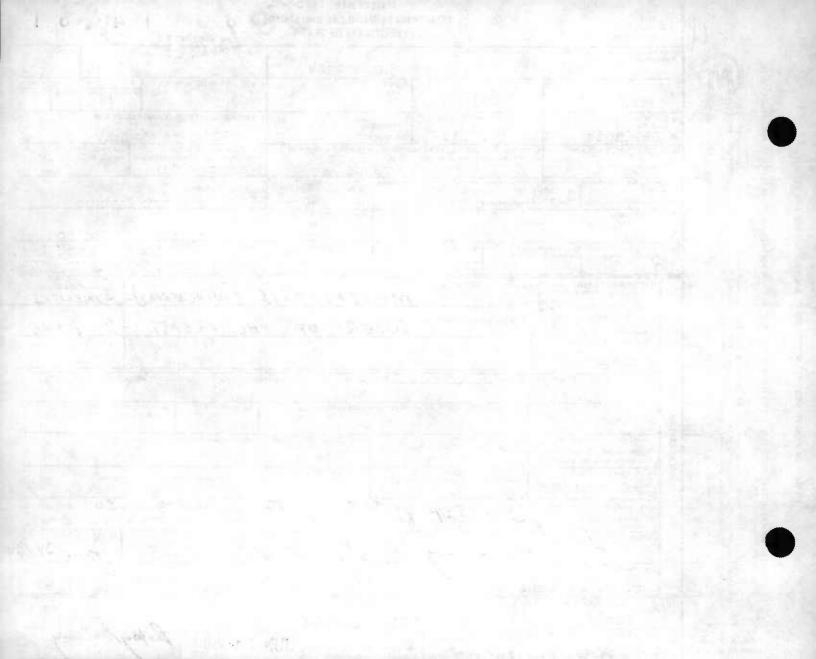
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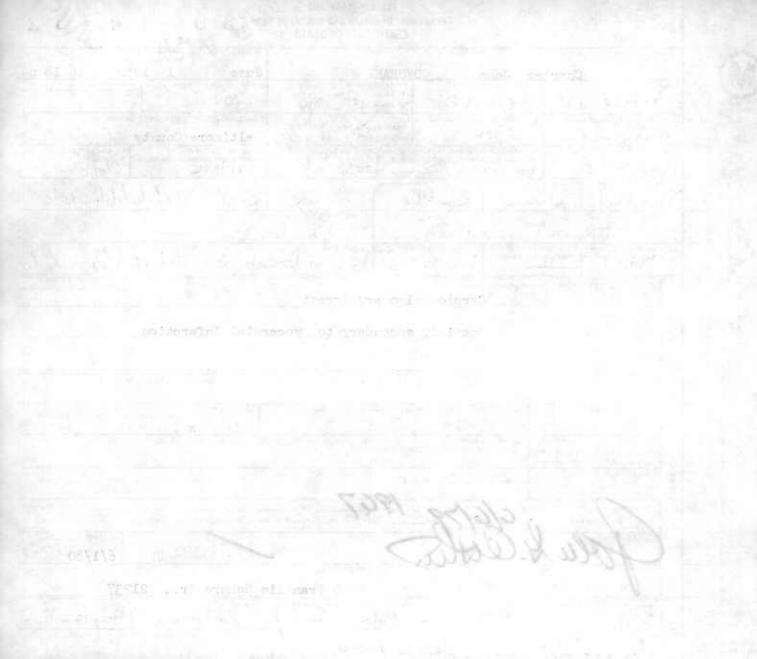
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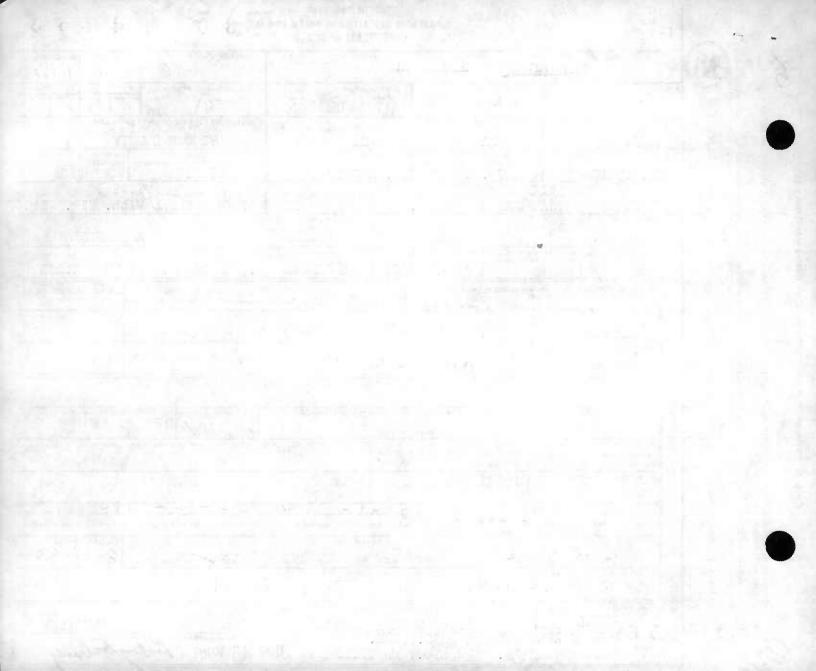
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RE,	0 ~ 0			AS DECEASED EVER IN U.S. AR		JRITY NO.	17 INFORMANT	ADDRES	5	7070
WO	Pog	medica	()	es, no or unknown) (IF yes, giv	E WAR OR DATES) 118-24	-1624	Mrs. Evelyn	McCallum,	Edgewood	l, Md.
ALTI	ocidal Ders.	the		18 CAUSE OF DEATH (Enter or	nly one couse per line for (a), (b), ar	nd ici <sup>1</sup> i	1 1 1			XIMATE INTERVAL N QNSET AND DEATH
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0	beer mit.	- Juno	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION	I WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIND	INGS USED
1 R	hos peri	2 shows	IFIC					YES NOT	IN CERTIFYING CAUSE	S OF DEATH?
ATIA		a sh	CER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)	
OF JA	og physici certificate riol-tronsi ental Hygi	lem 9		OR CONTRIBUTING CAUSE OF DE	ALIA	AY YEAR				
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DIVISION OF VITAL RECORDS,	the the	ked	M.	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
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	5 - 2 3	2	- 1	URIAL, CREMATION, REMOVAL			METERY OF CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
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	M-16 50M 7/7	7		INERAL DIRECTOR	ADDRESS	MISSE		E REC'D. BY REGISTRAR 25	b. RECLERA'S SIGN	Hetrody
	(VR A 15 (4))		Ho	ward K. McCo	mas III, Abin	igdon,	Md.	UN 1 9 1980		

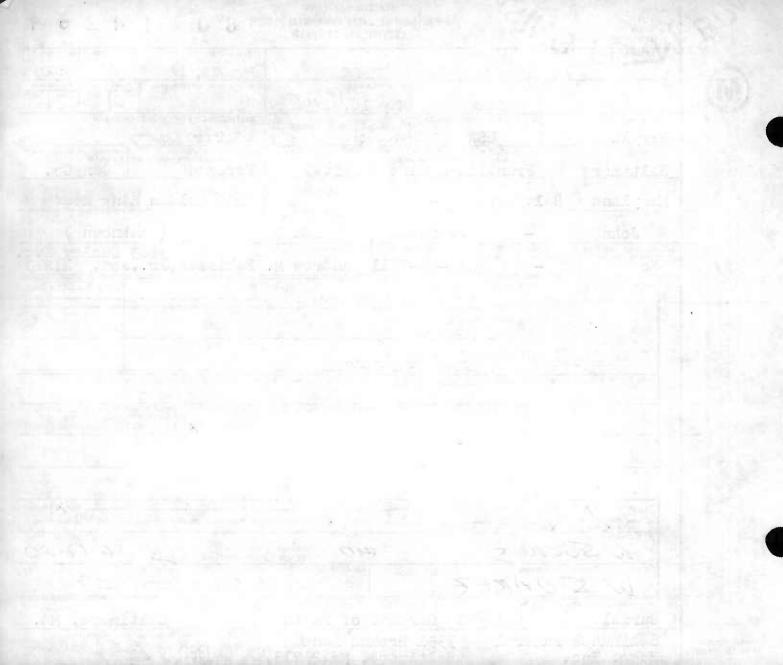
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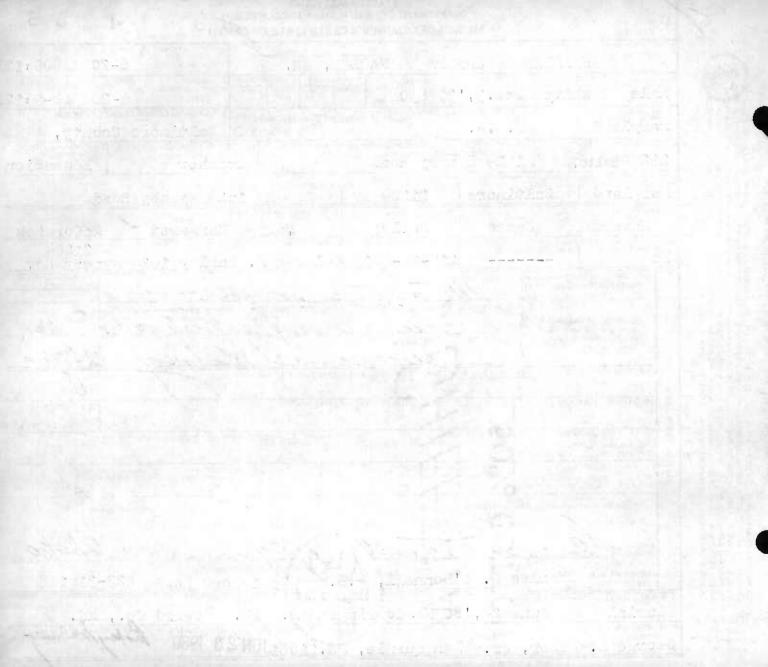


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Short Short	3 51	Cemale	1 RACE CAW	5 DATE MONI	OF BIRTH H DAY YEAR	6 AGE IN YEARS LAST BIRTI	YRS.		
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examiner m	130		NTY 13c CITY OR		138 INSIDE CITY LIMITS?		APT. 203	CIR. #2	
Dedical exa		ATHER'S NAME FIRST SAMUEL	MIDDLE LASS	R	GOLDIE	MIDDLE	APPLEST	ΓΕΊΝ	
the ages	burial, cremation, or removal.  njury, or other traumatic event, the	WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN)   1 IF YES, GN	E WAR OR DATES!	8-3958	17 INFORMANT BAR 4002 WINLEE	RY EDELMAN <sup>DRE</sup> RD., RANDALL	STOWN, MD	21133 OXIMATE INTERVAL EN ONSET AND DE	
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Health and Mental Hygien  11 is marked or Item 18 sh		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	YES NOW	YES T	NO [	
th and Me marked o	MEDICAL	216. INJURY OCCURRED  WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	n COUNTY	STATE	
TO E			ot) view the body ofter death.	(3)	$24 \rightarrow 19 $ nd that in (my) (our) apinion	to 6 - 10 death accurred on the do			
State Dept.		D.M. S	hat			MEDICAL STAF		TE SIGNED	
with the State		224. PHYSICIAN'S NAME (TYPE O	SHAH.		B. C-	G. H.			
n s =		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	JUNE 18,1980	WORKME	EN CIRCLE		соинту МА		
1-16 25M 15. 4) 1/79	24	UNERAL DIRECTOR SOL	LEVINSON & BROOM RD BALT		21215 250. DA	TE REC'D. BY REGISTRAR		Creade	

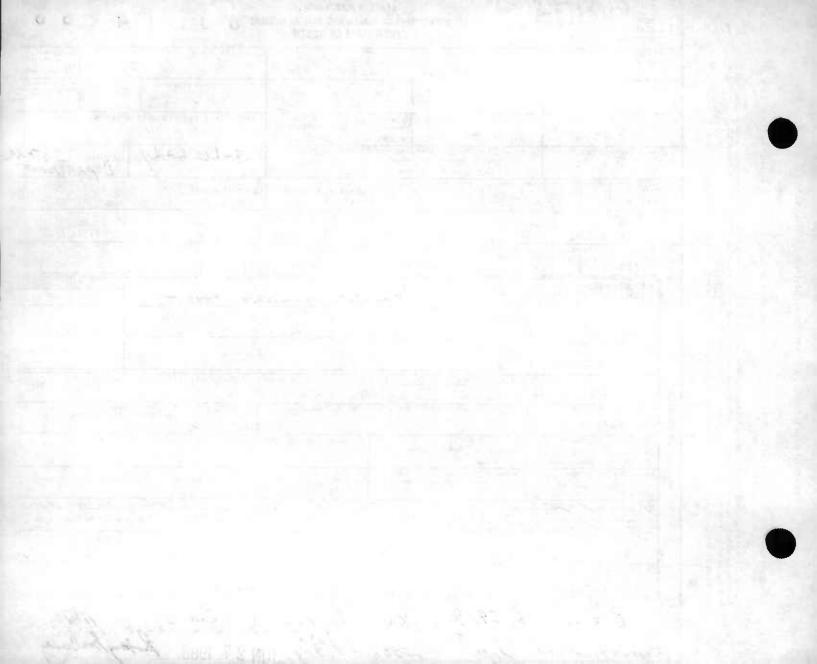




STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN X 2b. HOUR TYPE OR PRINT) ESTI-WILLIAM JOSEPH FARLEY. SR. DEATH MATED 3. SEX 4. RACE IF UNDER 1 YR. 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS 2d. HOUR 2c. DATE SO VAST BIRTHDAY) PRONOUNCED Feb. Male White 30 10 8-9:12F DEAD 70. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Mary Tand U.S.A. Baltimore County, WIDOWED [ DIVORCED 1. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Myamby Road FOR MOST OF WORKING LIFE) 21204Balto. Teacher Education USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Baltimore 3g STATE 21204 13d. INSIDE CITY LIMITS? 13e. STREET, ADDRESS Maryland 1624 Myamby Road NO X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Edward Farley Mary James Margaret McCormick 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO 21204 LIFYES GIVE WAR OR DATEST No 217-24-8635 Dolores M. Farley 1624 Myamby Rd. 18. CAUSE OF DEATH (Enter only one couse per line forte), (b), ord BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE HYGIE DUE TO, OR AS A CONSEQUENCE OF OR REMOVAL onditions, if ony, which gove rise to immediate couse (o) stoting the under-CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN ART 1 (0 CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20. AUTOPSYT TO BURIAL YES [] E 3 SHOULD BE E DEPARTMENT PRIOR TO BURIA 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 19 21d. INJURY OCCURRED 21e PLACE OF INJURY | AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK STATE 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection ( ond in my opinion ARYLAND deoth resulted from:// Notural couses Accident Homicide Undetermined monner EXECUTE THE C PAGE 4 SHOU TO FUNERAL AFTER DEATH, BALTIMORE, MA MEDICAL EXAMINER EXAMINER'S NAME Charles F. O'Donnell, M. Doress 823-3161 7501 York Road 23a, BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 24. 80 Meadowridge Mem. Howard Co., Md. Burial June 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR 24. FUNERAL DIRECTOR **DHMH - 17** 1980 Weber, Jr. Glen Burnie, Md.21061JUN (VR A15 ME (5)) George A. 15M 7/77



(VRA 15, 4) 1/79

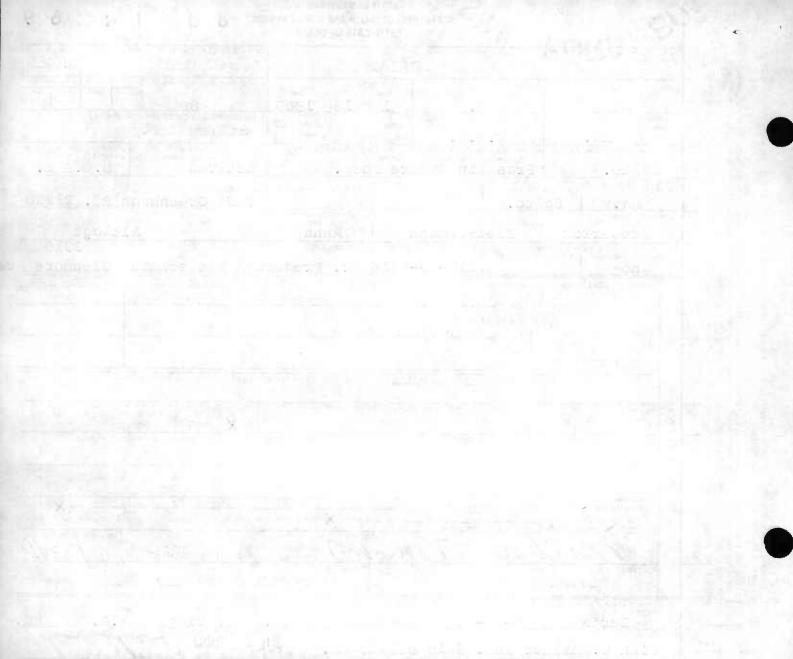


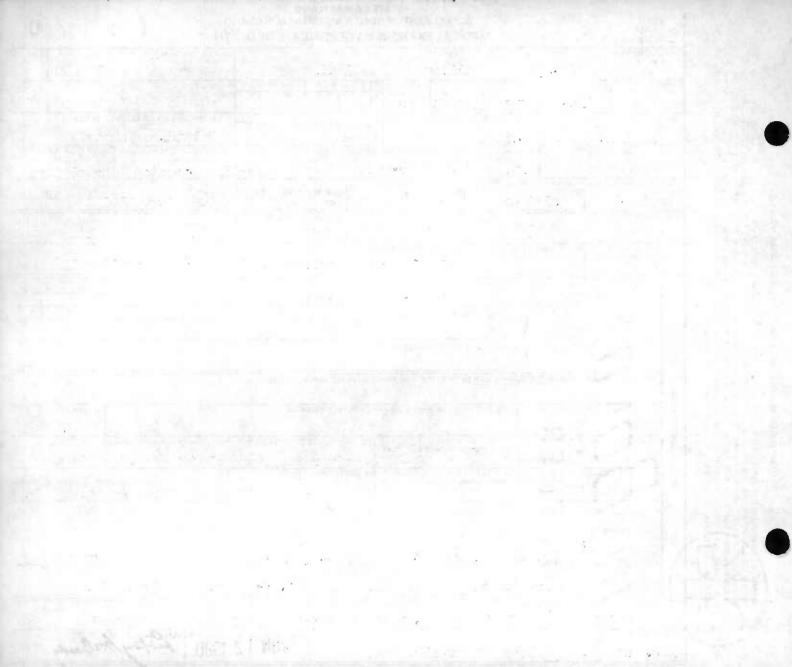
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR I. DECEASED NAME a DATE KNOWN MONTH YEAR 26 HOUR S (TYPE OR PRINT) OF ESTI-DEATH MATED Donald Fike 1980 PRESTON STREE 6 AGE (IN YEARS 1:00P IF UNDER 1 YR. IF UNDER 24 HRS 3. SEX 4 RACE 5. DATE OF BIRTH DATE LAST BIRTHDAY PRONOUNCED White 1980 Male 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR WHAT COUNTRY MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore County, DIVORCED WIDOWED 12a, USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS) 10. CITY OR TOWN OF DEATH IN NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY in Square Hospital Franklin OSSVILLE RETAIN PA RECORDS, USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) SHOULD 13c. CITY OR TOWN 13d. INSIDE CITY CHAITS? 13e. STREET ADDRESS 13a STATE MIDPLE RIVER YES T NO F 15. MOTHER'S MAIDEN NAME XITAL 14. FATHER'S NAME CV MIDDLE LAST PM AND UNK 5 OF 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO. OR UNKNOWN) 1 (IF YES GIVE WAR OR DATES) ABSUB 20305014 BRENDA KERFIZ APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ALONG Cranio cerebral trauma W. PRESTON ST IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF BURIAL-TRANSIT Conditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 301 CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 20. AUTOPSY? 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? YES X BURIAL, NO 3 SHOULD BE DEPARTMENT 21a EXTERNAL CAUSE WAS 716. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 0 MEDICAL 26 subject fell PRIOR 21f. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. STREET, FACTORY, FARM, ETC.) STATE STREET CITY OR TOWN COUNTY NOT WHILE unknown unknown AT WORK AT WORK emains described ghove, held an Autopsy Inspection and in my opinion Inquiry Homicide Undetermined manner death resulted for Agtural causes TITLE (SPECIFY) ACTUAL DATE Deputy Chiefiedical EXAMINER TO MEDICAL E
EXECUTE THE C
PAGE 4 SHOU
TO FUNERAL D
AFTER DEATH, V
BALTIMORE, MA 6/4/80 SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. Penn St. Balto., MD. (TYPE OR PRINT) 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236. DATE STATE COUNTY SECURITY CREMATION 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH** - 17 (VR A15 ME (5)) 30M 7/73

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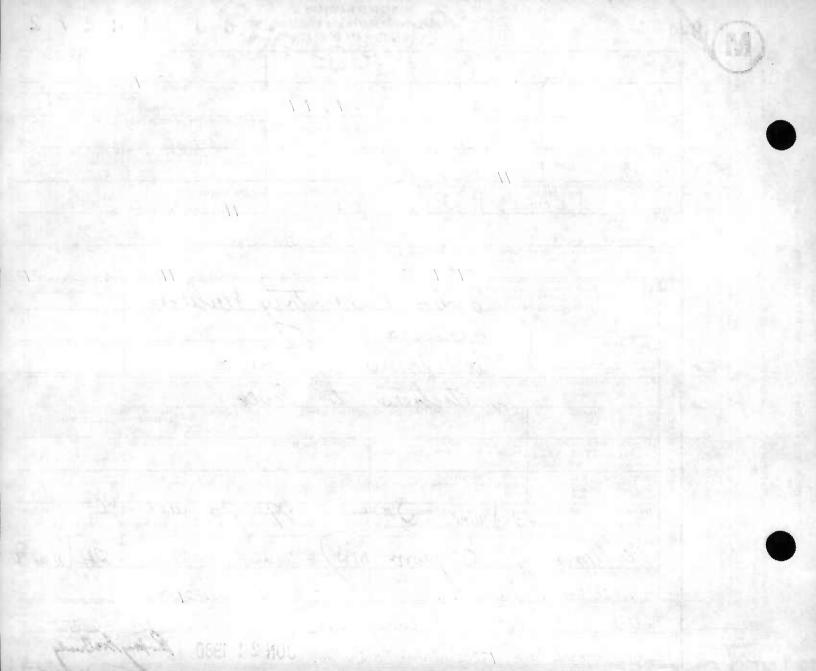
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72 hou	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	CITIZEN OF WHAT COUNTRY?	NEVER MARRIED	BALTIMORE CITY OR COUNTY	CO MD.		
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¥ = 1	30. BURIAL, CREMATION, REMOVAL	236. DATE 23c NAME OF CE	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE		
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Geb Laral STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. LAST DECEASED NAME MIDDLE 2a. DATE OF DEATH 26 HOUR JOHN GEBHARDT 3. SEX 4 RACE 5. DATE OF BIRTH August 19, 1916 Male White 63 To. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH Baltimore, Md. MARRIED X NEVER MARRIED U.S.A. BALTIMORE NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE)
Machinist (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Industrial BALTIMORE FOSEPH HOSPITAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Baltimore 13e. STREET ADDRESS Maryland 1101 Deanwood Road 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME John Carolyn Joseph Gebhardt Schmidt 60 WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO. 17 INFORMANT 1101 Deanwood NO OR UNKNOWN) 215-09-5443 Catherine H. Gebhardt APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (D. Condiana & dreed ony, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION 90 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE 220 | certify that (1) (this basnital) attended the deceased from sow the deceosed plive on. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING. MEDICAL STAFF PHYSICIAN X DIRECTOR | PHYSICIAN 22e. ADDRESS should b 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL Burial Baltimore County, July 3, '80Dulaney Valley Mem. 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 William E. Johnson 8521 Loch Raven Blvd JUL (VR A 15 (4))

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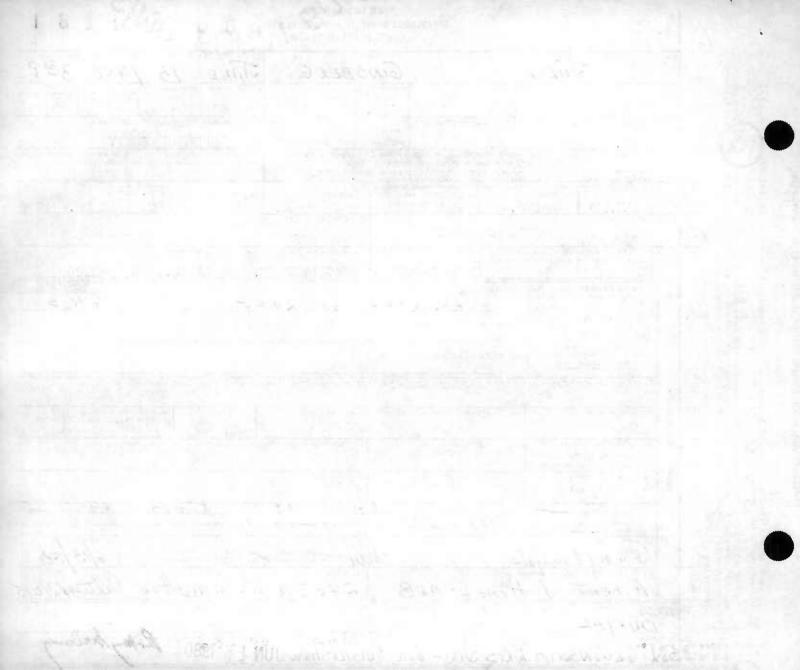
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		FOR		DEPARTN		E OF MARYLAND EALTH AND MENTAL HY(	GIENE 8 0	14	280
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not	10, 0	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	12e USUAL OCCUPAT	ION	126. KIND O	F BUSINESS OR
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the m		YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	ION SOCIAL SECO	IKIT NO.		JIS GINSBER			
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	1	obove, (I) ( <del>we)./did&gt;</del> (did n	at) view the bad	y after death.			seom occorred on me o			
-	1	22h SIGNATURE	10		-1	DE GREE ATTENDING	MEDICAL STA	FF	22c. DATE	SIGNED
	J	Well fuel	fuis		-0	PHYSICIAN 2	DIRECTOR   PHYSI		6/10	150
= 1		224 PHYSICIAN'S NAME (TYPE	R PRINT)			22e ADDRESS	12 1	1	5 h.	/
MPORTANT: If Item		Albert V	. HIM	CLFAR	B	2435 W.	Delveder	Hue	Selto.	m/212/5
=	23e	BURIAL, CREMATION, REMOVA	L 23b. DATE	23ε. 1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	C	OUNTY	STATE
-		BURIAL	JUNE	15.198b	OHER	SHALOM	REISTERS		BALTO	MD
25M	24 F	UNERAL DIRECTOR	D	ADDRESS	K	I (UI) W	REC'D. BY REGISTRAR	25h. REGISTP	R'S SIPHET	Hoody
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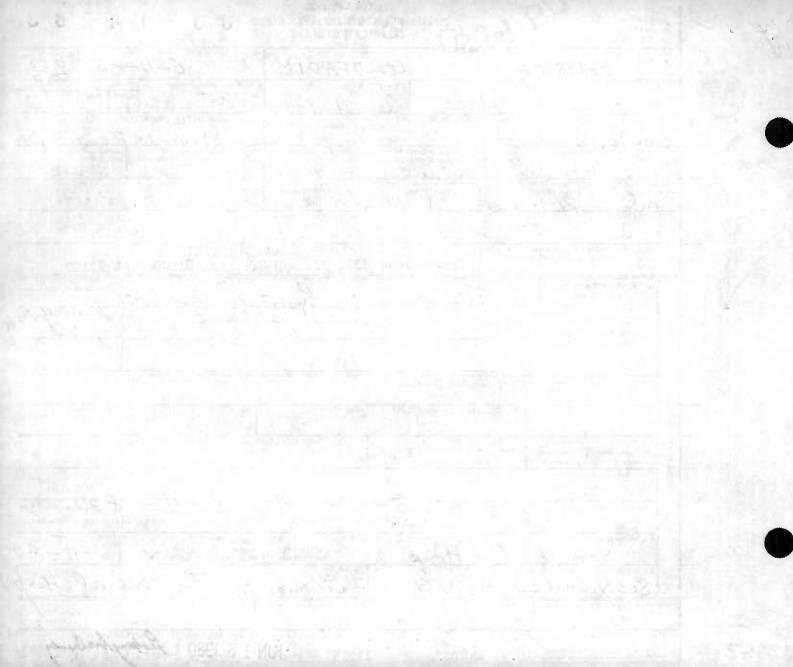
STATE OF MARYLAND

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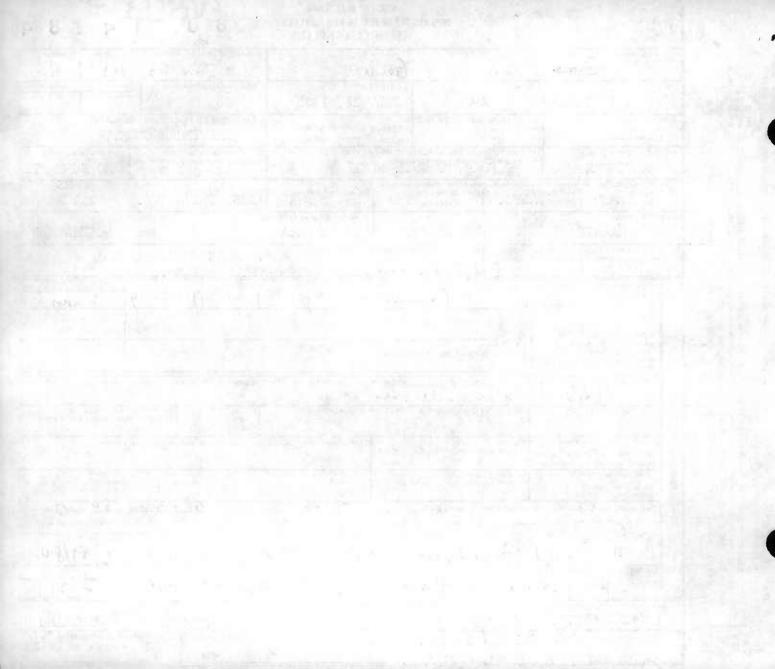
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"3/	pe T	5		CEASED NAME FIRST OR PRINT) BEATRIC	MIDDLE	GOLDFADIN	20 DATE OF DEATH MONTH	11-80 205 11-80 205
	e 4 may		1. SE	FEMALE	RACE	S DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER AHRS
	Page 1			RTHPLACE STATE OR FOREIGN	N CITIZEN OF WHAT COUNTRY	? 1	- 9 BALTIMORE CITY OF COL	UNITY OF DEATH
	death	17	E	ng la vo Q	USA	MARRIED NEVER MARRIED WIDOWED XXX DIVORCED		12 County MD.
6	urs after by the h	55	5	an Dallstown	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE	TADDRESS)  County Hospi	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) HOUSEWIFE	ING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY  AT HOME
ND 212	in 24 ho	35	USU. 13a S	ALRESIDENCE (IF NURSING HOME OR TATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFO	WN 134 INSIDE CITY LIMITS	? 130 STREET ADDRESS 3624 TEMPLAR	RD. #21133
YIA	with thou		14. FA	THER'S NAME		15. MOTHER'S MAIDEN	NAME	
MAR	omple and 2	138		MAX	GREEN	ANN A		RAVERMAN
BALTIMORE	be exe	1	160 V	(AS DECEASED EVER IN U.S. ARA (15 YES, GIVE NO	MED FORCES?   166 SOCIAL SEC WAR OR DATES) 218-26		RRY GOLDFAPPM <sup>SS</sup> D ST., SAN DIEGO	CAI. 92109
IDS, 201 W. PRESTON SI	v requires that the death certi n signed by the attending ph hen please remove carbon pa to burial, cremation, or rem viniury or or other traumatirs		NC	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OF THE CONSEQUENCE OF T	<i>V</i>	ERMINAL DISEASE OR CONDITION	N GIVEN IN PART NO
AI RECORDS	I. The law te has been permit. The	9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \( \) NO \( \)
<u> </u>	NG PHYSICIAN: The inding physician. Ifter this certificate has be burial-transit permit and Mental Hygiene prinked or frem 18 shows	9	_	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH E		URRED (ENTER NATURE OF INJURY IN ITE.	M 18, PART I OR PART 2)
DIVISION OF	NG P nding fter th ne buil and N		MEDICAL	ZId INJURY OCCURRED  WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	211 LOCATION	CITY OR TOWN	COUNTY STATE
id	or a or a or a or a Heal			22a. I certify that (I) (this hospite sow the deceased alive an above, (I) (we) (did) (did not	0-11-19		on death occurred on the date and	
	ITAL OR AT y the hospital RAL DIRECT detached for state Dept. of			226. SIGNATURE Soon cl	al Hony	DEGREE ATTENDING PHYSICIAN		221. DATE SIGNED 6 -11-80
	TO HOSPITAL TO FUNERAL D should be detach with the State D MOCHANT: II	1		SOON CHU	L HONG	Baltinus	re County &	eneral Hospis
400	for "		230 E	URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATO	CITY OR TOWN	COUNTY STATE
,	BP		24 FI	BURIAL INERAL DIRECTOR SUL 1	LEVINSON & BROS.	MIKRO KODESH BET	H TSRAFL BALTT DATE REC'D. BY REGISTRAR 256. RE	
	DHMH-16 25 (VRA 15, 4) 1			NAME 10 REISTERSTOWN	ADDRESS		JUN 1 8 1980 /	intry Metredy



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



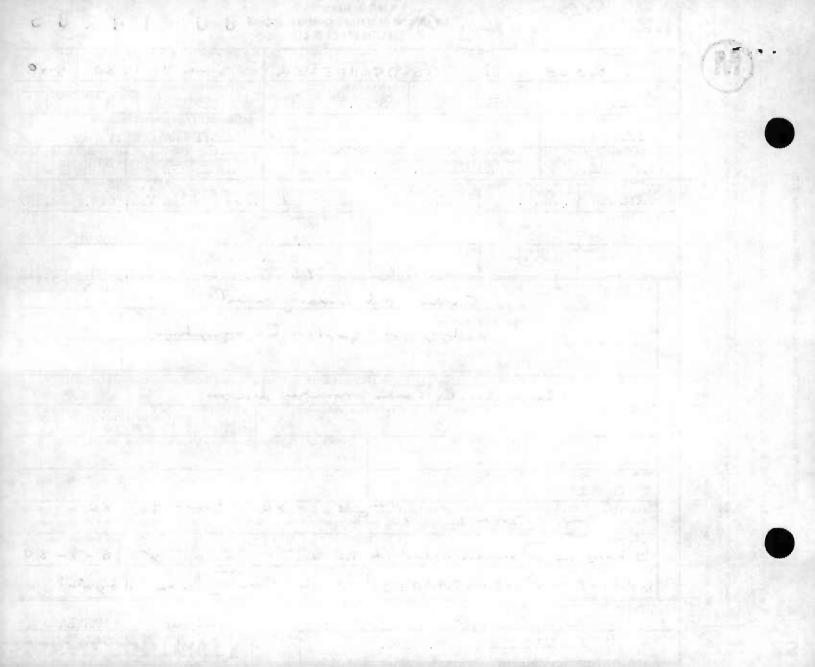
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

(VRA 15, 4) 1/79



FOR

REGISTRAR

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12b. KIND OF BUSINESS OR [TYPE OF WORK FOR MOST OF WORKING LIFE] INDUSTRY 11910 Tarragon Rd. McCov APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE 80 .19\_80\_\_, and that in (🎉 (aur) apinian death accurred on the date and hour and from the causes stated 22c. DATE SIGNED June 6, 1980 Towson, MD 21204 Released to Hosp. STATE June 5.1980 Parkwood Cemetery Baltimore, Maryland EC'D BY HE STRAR 256 LEGISTRANS SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 (VR A 15 (4)) SAINT JOSEPH HOSPITAL, 7620 York Rd., Towson, MD

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DAY

YEAR

DAYS

6

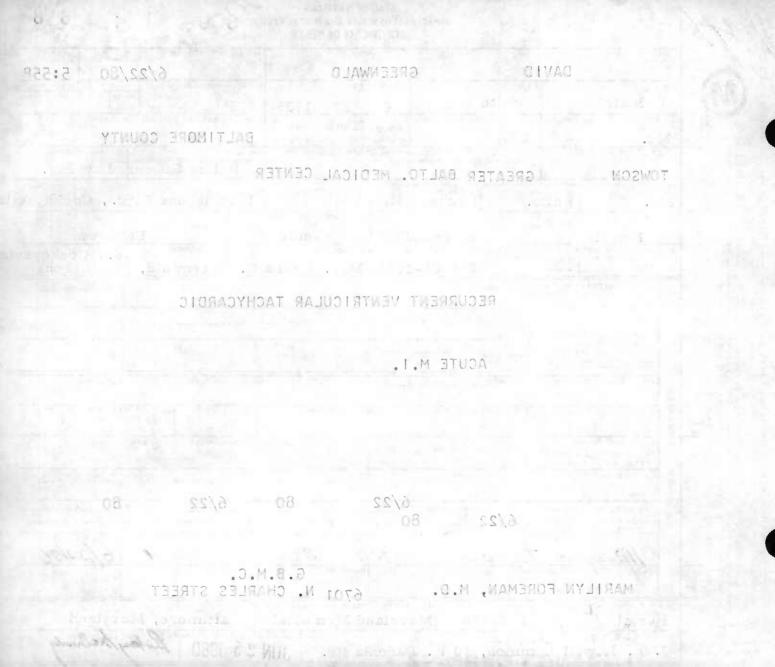
IF UNDER 1 YEAR

2h HOUR

	500	100		65 63				
	FOR STATE REGISTRAR	STATE CENTER OF DEATH						
	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	28. DATE OF DEATH MONTH	DAY YEAR 26. HOUR			
M Ist	ELINO	OR BROWN	GREEN	06	17 80 6:10P			
	3. SEX	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS			
antique surface.	Female	White	June 27, 1916		MONTHS DAYS HOURS MIN			
how how	76. BIRTHPLACE ISTATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	1 BALTIMORE CITY OR CO	UNTY OF DEATH			
nerg inflee	Maryland	USA	WIDOWED DIVORCED	TOWSON	(Balto, Co.)			
by the function of the function of the month of the month of the month of the month of the function of the fun	BALT I MORE	I IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION ADDRESS) GBMC RLES STREET	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Homemaker				
in b	USUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)		Own Home			
should be	Maryland Bal	timore Cockeys		130. STREET ADDRESS 1709 Green	spring Drive			
nd 2 st	FIRST	MIDDLE LAST	MIDDLE	LAST				
G 6 9	Alexander  Mas Deceased ever in u.s. a	P. Brown		ADDRESS	Wilson			
ages		NE WAR OR DATES)	1432 J. Roysto		Same			
ysician pers. P oval. event,		only one cause per line for (a), (b), ar		42 0011	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
the attending ph emove carbon pa remation, or rem other traumatic	Conditions, if any, which gove rise to immediate cour in the course (o), stating the	DUE TO, OR AS A CONSEQU						
igned by the att n please remove burial, crematic rijury, or other	Conditions, if any, which gove rise to immediate couse (0), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQU  (b)  DUE TO, OR AS A CONSEQU  (c)	ENCE OF		N GIVEN IN PART 1(o)			
e has been signed by the att bermit. Then please remove ene prior to burial, crematic shows any injury, or other	Conditions, if any, which gove rise to immediate couse (0), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	ENCE OF	NNAL DISEASE OR CONDITION    780 AUTOPSY?	N GIVEN IN PART 1(0)  IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?  YES \( \bigcap  \text{NO} \( \bigcap \)			
per initiate in superial gaper by the art reastit permit. Then please remove stal Hygiene prior to burial, crematic Item 18 shows any injury, or other	Conditions, if any, which gove rise to immediate couse (0), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQU  (b)  DUE TO, OR AS A CONSEQU  (c)  CONDITIONS CONTRIBUTING TO  196 CONDITION FOR WHICH  216. TIME OF INJURY HOUR A.M. MONTH D	ENCE OF  ENCE OF  DEATH BUT NOT RELATED TO THE TERM  OPERATION WAS PERFORMED  216 HOW INJURY OCCUR	NINAL DISEASE OR CONDITION  200 AUTOPSY2 200. IN C	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \( \) NO \( \)			
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TOR: After this certificate has been signed by the att use as the burial-transit permit. Then please remove Health and Mental Hygiene prior to burial, crematic 21 is marked or Item 18 shows any injury, or other	Conditions, if ary, which gove rise to immediate couse (a), storing the underlying cause lost  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI INFETMER, NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK  22a I certify that (I) (this hasp	DUE TO, OR AS A CONSEQU  (b)  DUE TO, OR AS A CONSEQU  (c)  CONDITIONS CONTRIBUTING TO  196 CONDITION FOR WHICH  216. TIME OF INJURY HOUR A.M. MONTH D P.M.  216. PLACE OF INJURY 1 AT HOME, STREET, FACTORY, OFFICE,  100  100  100  100  100  100  100  1	ENCE OF  ENCE OF  DEATH BUT NOT RELATED TO THE TERM  I OPERATION WAS PERFORMED  AY YEAR  19  211 HOW INJURY OCCUR!  FARM.ETC.)  214 LOCATION  STREET	200 AUTOPSY? 200 IN C  YES NOT	IF YES, WERE FIND INGS USED ERTIFYING CAUSES OF DEATH? YES NO MIS. PART FOR PART 2)  COUNTY STATE			
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AL DIRECTOR: After this certificate has been signed by the att tached for use as the burial-transit permit. Then please remove to Bopt, of Health and Mental Hygiene prior to burial, crematic T: If Item 21 is marked or Item 18 shows any injury, or other	Conditions, if arry, which gove rise to immediate couse (01), storing the underlying cause lost  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI INFETIMENT, NOTIFY MEDICAL EXAMINED  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a 1 certify that (1) (this host sow the deceased alive on obove, (1) (we) (did) (did in did.)	DUE TO, OR AS A CONSEQU  (b)  DUE TO, OR AS A CONSEQU  (c)  CONDITIONS CONTRIBUTING TO  196 CONDITION FOR WHICH  216. TIME OF INJURY HOUR A.M. MONTH D P.M.  216. PLACE OF INJURY 1 AI HOME, STREET, FACTORY, OFFICE,  101. View the body ofter death.	ENCE OF  ENCE OF  DEATH BUT NOT RELATED TO THE TERM  I OPERATION WAS PERFORMED  AY YEAR 19  216 HOW INJURY OCCUR! 19  FARM, ETC.)  216 LOCATION 5TREET  D6/06, 19 80  DEGREE	200 AUTOPSY? 200.  YES NOT IN C  RED (ENTER NATURE OF INJURY IN ITE  CITY OR TOWN  400 th occurred on the dote on	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO			
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Old LAK	1.	FOR STATE		STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 4 2 8 8  CERTIFICATE OF DEATH								
10 10	1.05	REGISTRAR CEASED NAME	FIRST		MIDDLE		IST .		REG.		OAY YEAR	12b HOUR
X . 1 6_ 0	TYPE	OR PRINT)	DAVI			GREEN		500	TE DATE OF DEATH		22/80	5:55Pu
A A	3 SE	Y		RACE		IS. DATE O			& AGE IIN YEARS LAST		IF UNDER 1 YEAR	
4 (M)	3 36	Male		White		MONTH 6	2.2	1905	75	YRS	MONTHS DAYS	HOURS MIN
Págo A	7a. B	RTHPLACE (STATE OR FO	DREIGN 71	CITIZEN OF	WHAT COUNTRY?				9 BALTIMORE CITY	OR COUN	TY OF DEATH	
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ALT icate icate ers. val.		IN CAUSE OF DEAT	H (Enter only	one cause per	r line for (a), (b), or	nd (c).1					BETWEEN	NAME INTERVAL
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 DING PHYSICIAN: The law requires that the death certificate be executed within 24 hou strending physician.  After this certificate has been signed by the attending physician and completely filled in b. is the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled than Mental Hygiene prior to burial, cremation, or removal.  marked or Item 18 shows any injury, or other traumatic event, the medical examiner must have constant to the provided or the pro	NO	Conditions, if any, gove rise to improve (o.), stofic underlying couse	mediote ng the last	(b)	OR AS A CONSEOU ACUTE M ONTRIBUTING TO	JENCE OF	NOT RELATES	D TO THE TERM	INAL DISEASE OR CO	ONDITION C	GIVEN IN PART I	(a)
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TOR USE S Hea		22a I certify that (I) saw the decease above, (I) (we) (i)	(this hospito	0 1-	_		DEGREE		, ta6/22 death occurred on th			e couses stoted
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TO HOSP retained by TO FUNE should be with the S IMPORTA					, M.D.	NAME OF 6	6701	N. CH	ARLES ST	REET		
408 (BP	73R	Burial, CREMATION,	REMOVAL	6/26				morial	Baltin		Maryla	
DHMH-16 25M (VRA 15, 4) 1/79		UNERA DIRECTOR	ell Le	mmon	, 10 W.	Pado	nia Rd	· JUI	N 2 5 1980	AR 256. R	IS PAR'S SON	Greely



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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN L DECEASED NAME MONTH (TYPE OR PRINT) OF ESTI-DEATH MATED Charles Earle Gruhn 1980 4. RACE 3. SEX 5 DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED 2:26A Male White DEAD March 13.1949 31 YRS 1980 Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore, Md. Baltimore County, U.S.A. WIDOWED DIVORCED LAY IS NO THE FI PAGE 5 FILED, IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY I-83 north of Dairy Rd. Parkton Office Manager BE Film Rental USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI SHOULD 130. STATE 113b. COUNTY 13c CITY OF TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS RECO 21201 Maryland Baltimore Ctv 1323 Taylor Avenue 21234 VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME CV MIDDLE MIDDLE LAST FIRST LAST AND Earle Adolph Gruhn Ruth L. Dimmick FORM 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. ADDRESS Timonium, Md. (YES, NO, OR UNKNOWN) Earle A. Gruhn 104 Oakway Rd. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Cranio cerebral trauma IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 40 BURIAL, YES X NO [ 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TOR
CONTRIBUTING CAUSE OF DEATH 0 MEDICAL 4 19 80 driver of auto lost control PRIOR 21e PLACE OF INJURY (ATHOME. 21f LOCATION 714 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK STATE | I-83 north of Dairy Rd. Parkton, Balto., street Autopsy XX 220. I certify that I took charge of the remains described above, held on ond in my opinion Homicide death resulted from Suicide Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Deputy ChiefeDICAL EXAMINER DATE AFTER DEATH, BALTIMORE, MA 6/4/80 SIGNATURE TO MEDI EXECUTE PAGE 4 TO FUNE Thomas D. Smith, M.D. EXAMINER'S NAME 111 Penn St. Balto., MD. TYPE OR PRINT ADDRES: 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Cockeysville, Md. STATE June 7.1980 Buria 1 Dulaney Valley Mem Gard 24 FUNERAL DIRECTOR Eugenia K. Seitz 250. DATE MECO. BY REC STRAR 256. REGISTRAR'S SIGNATURES DHMH - 17 Seitz Funeral Home 2303 Pentland Dr. Balto. Md (VR A15 ME (5)) 30M 7/73

STATE OF MARYLAND

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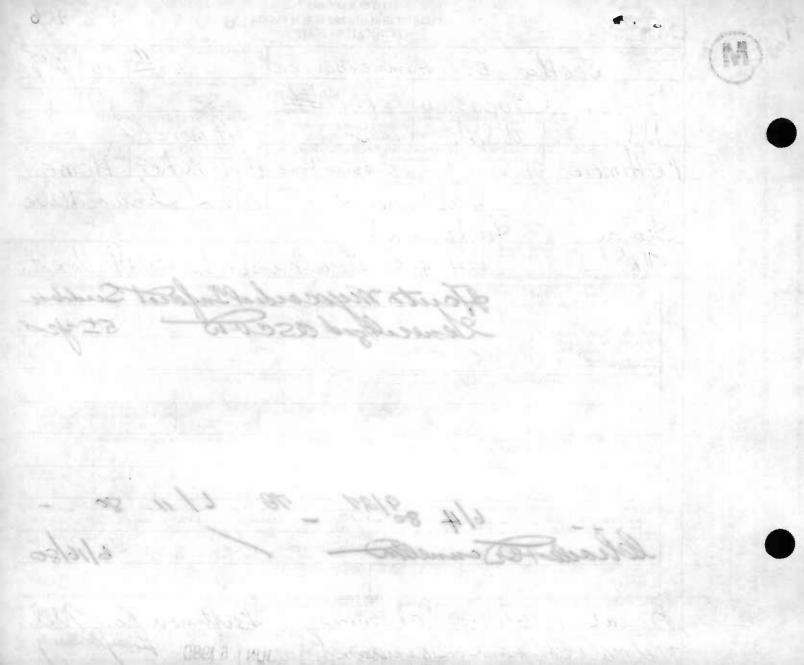
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SARY, PLEASE AL DIRECTOR. YOUR FILES. IN 72 HOURS	3. SE			DATE OF BIRTH	1896 8	(IN YEARS IF UI		UNDER 24 HRS	PRONOUNCE DEAD	MONTH	DAY YE	AR 2d. HOUR	
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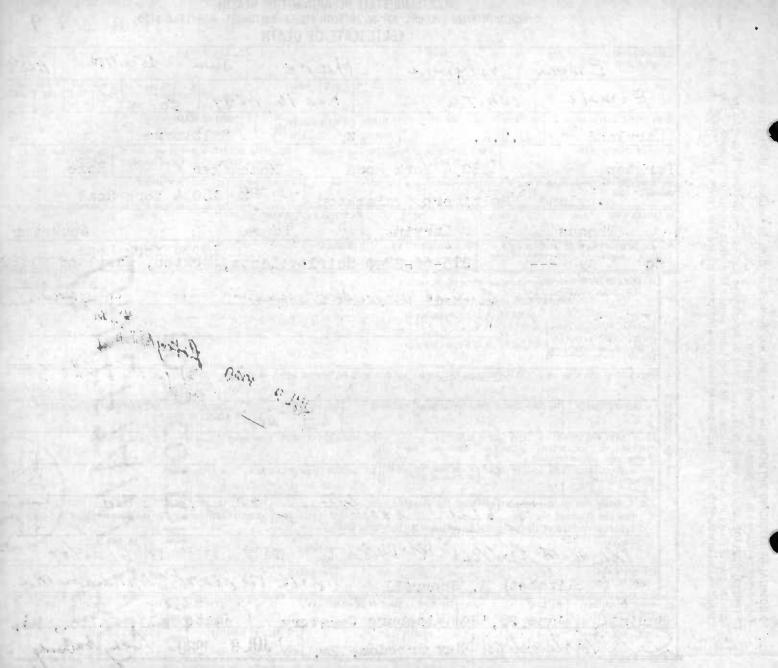
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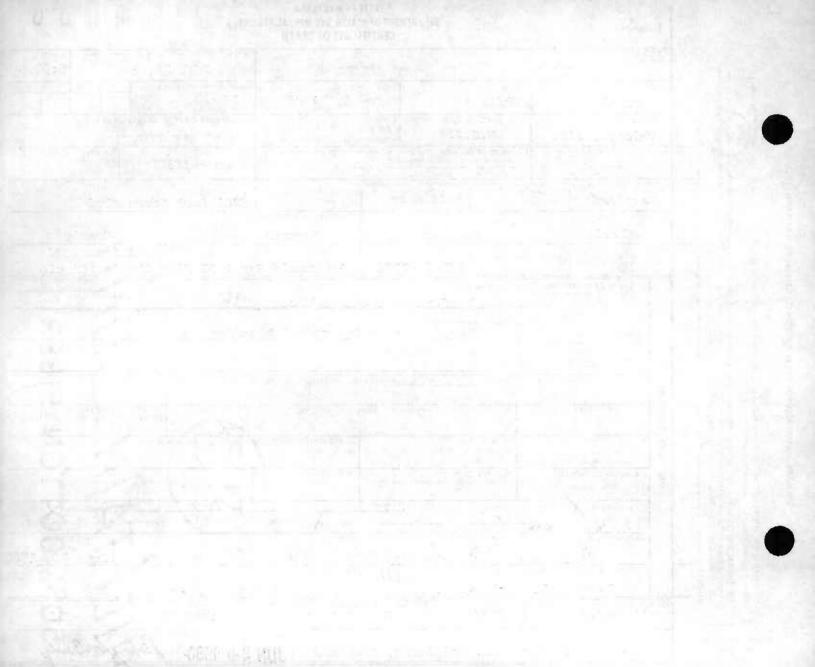
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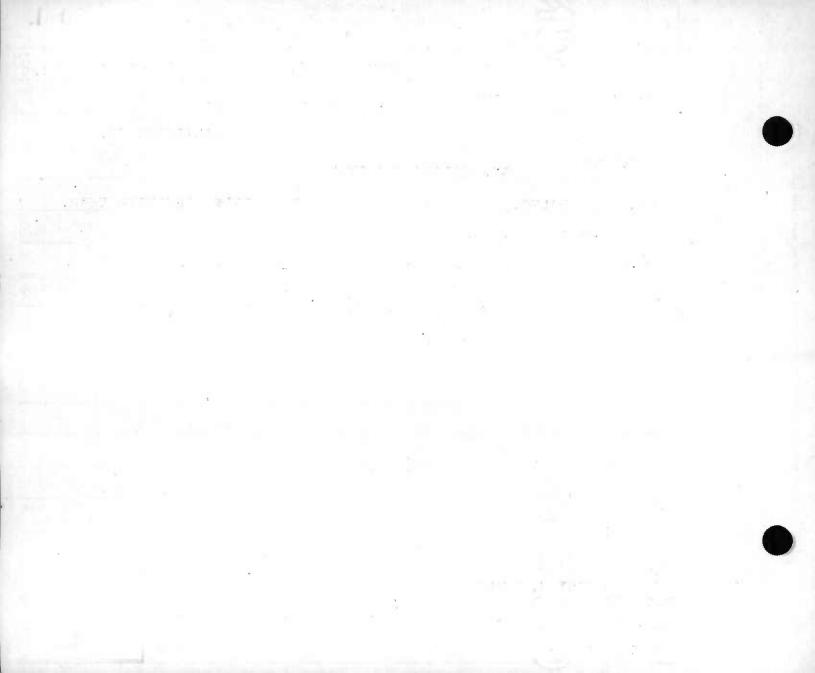
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2b. HOUR 1. DECEASED-NAME First Middle 2a. DATE OF DEATH June Month 25 Day 1980rear uneral (Type ar print) numa INIR 6. AGE (In years IF UNDER 1 YEAR 5. DATE OF BIRTH IF UNDER 24 HRS last birthday) DAYS HOURS ec 16 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED "Maryland Baltimore U.S.A. WIDOWED IX DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Homemaker Home Parkton 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b. COUNTY 18034 York Road NO X Parkton in any 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle Lost pup Thomas Larkin Laura Spurrier physician pup certificate 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT York Road n. Maryland 21120 18034 Yes, na, ar unknawn) Parkton. 215-66-2840 Shirley Lintz APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: buriol, cremation, or DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave signed by the buriol-transit ATTENDING PHYSICIAN: The law requires that rise ta immediate cause (a), by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) for use as the l f Health prior to b has been 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO D TO FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) be retoined by the hospital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year detoched for the Dept. of h (If either, notify medical examiner) P.M. Dept. / AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote OFFICE BUILDING, ETC. While Not while at wark 22a. I certify that (I) (this hospital) attended the deceosed from 1980, to 6/15 \_, 1982 , that (1) (we) lost saw the deceased alive on E/2/ 19 \$P, and that in (my) (por) opinion death accurred on the date and hour and from the causes stated obave. (1) (we) (did) (did net) view the bady after death. 22b. SIGNATUR ATTENDING STAFF director, poge 3 should be filed v DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Elizabeth B. Sherrill 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL CREMATION (County) (State) June Wiseburg Cemetery White Hall Balto 2Sb. REGISTRAR'S SIGNATU BY REGISTRAR VR A15 (4) · into New Freedom. 30M REV. 1/68





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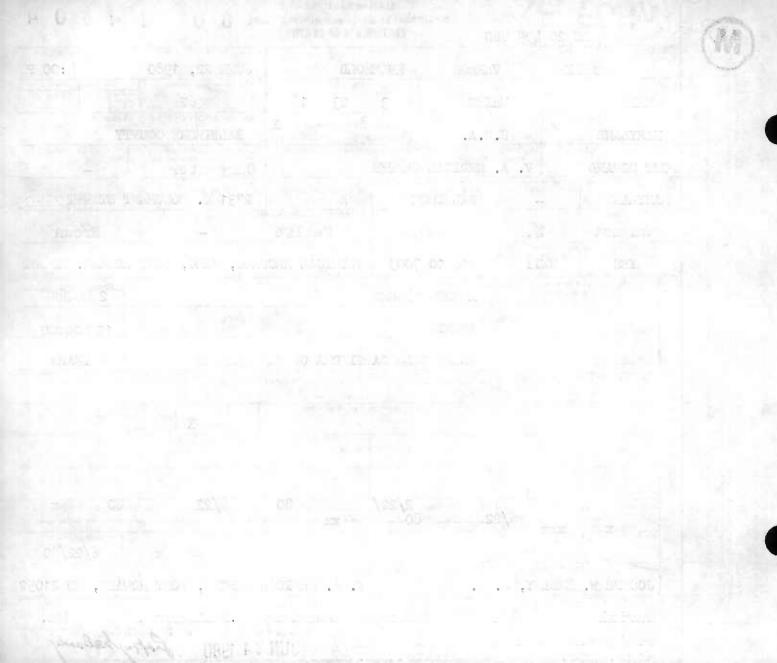
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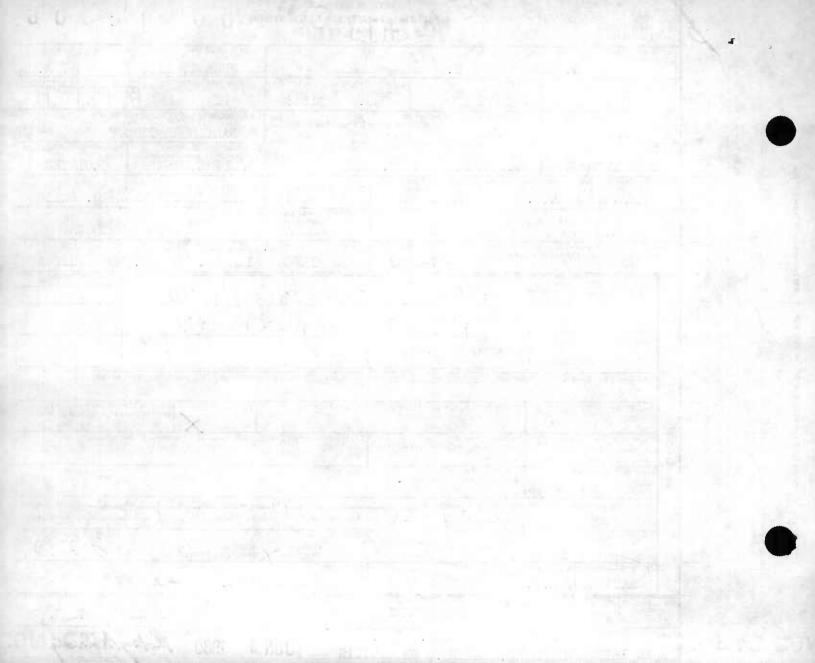
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р	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR  (IF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	126 KIND OF BUSINESS OR			
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the Date Date Date Date Date Date Date Dat	18	Welling MEDICAL STAFF  PHYSICIAN DIRECTOR PHYSICIAN   6/13/80							
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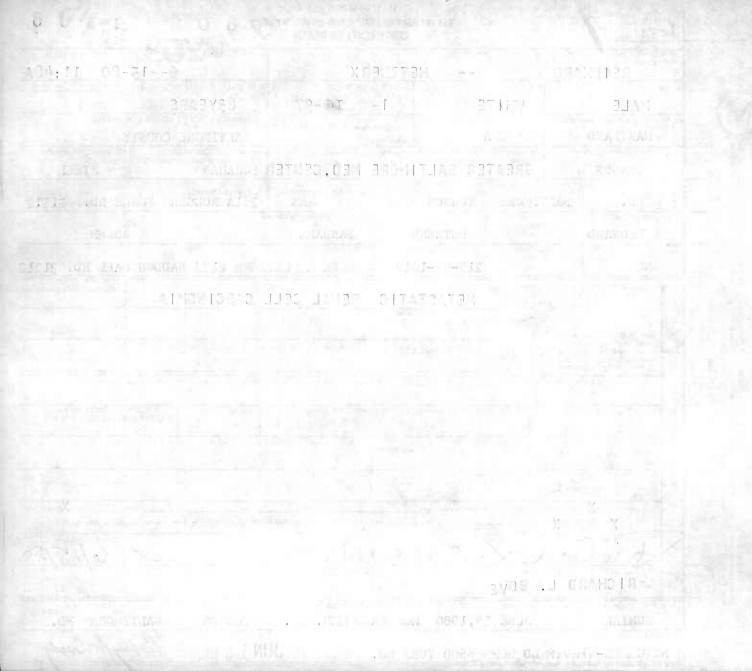
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME MIDDLE 20 DATE OF DEATH 25 HOUR (TYPE OR PRINT) HOFFMAN Harry Lee 3. SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 24 HRS IF UNDER 1 YEAR MONTH 1895 Male White Dec 70. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED COUNTRY MdBaltimore County WIDOWED DIVORCED T 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 1201 Ivy Hill Executive Cockesville Advertising BALTIMORE, MARYLAND 21201 136 COUNTY 13e STREET ADDRESS Balto Md. Cockesvill 1201 Ivy Hill Rd. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME 200 MIDDLE FIRST Ellicott Harry Lee Hoffman Martha Lea ADDRESS 60. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes Charlotte Same 18 CAUSE OF DEATH (Enter only one couse per lige for (o), (b), and (c) PART I. DEATH WAS CAUSED BY. GNE YEAR DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.. IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse 0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED ONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? bei NOX YES [ NO [ 210 ACCIDENT WAS UNDERLYING 21b. TIME OF 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL ò (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21f. LOCATION 21d INJURY OCCURRED 21e PLACE OF INILIRY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE sow the deceased plive on June 25 1980 \_, and that in (my) (our apinion death occurred on the date and hour and from the causes stated obove, (1) (weredid) (did not) view the body after death 22b. SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN IN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS with the hould 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN (SPECIFY) 6-26-80 Balto. Md. Cremation Greenmount York Rd 250. DATE REC'D. BY REGISTRAR 251 HE STRAN S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 60M 1/75 (VR A 15 (4)) Balto. Md. Jenkins & Sons Co..

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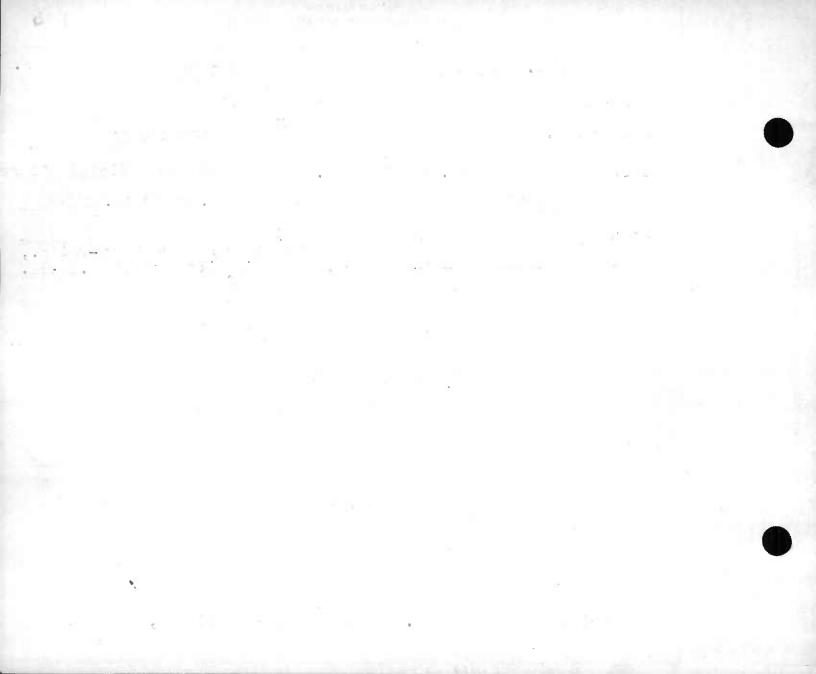
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	Ι.	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
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or o		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE	QUENCE OF		
Irial Irv,			(c)			
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The sort	CERTIFICATION					
ows	Ş	196 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IN C	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
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		226. SIGNATURE	200 00	DEGREE		22c. DATE SIGNED
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Sta	1	22d. PHYSICIAN'S NAME (TYPE	E OR PRINT)	22e ADDRESS		
the OR			Mohlie	9000 Frankl	in Square Drive	21237
with the State	-					41401
> -	230.	BURIAL, CREMATION, REMOVA		30 NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
	10	URIM	JUNE28, 1980/	HOLLY HILL	WHITE MM	244 BARTO F
40 0511	24. F	UNERAL DIRECTOR		25e. DA	TE REC'D. BY REGISTRAR 256. DE	GISTRAR'S SIGNATURE
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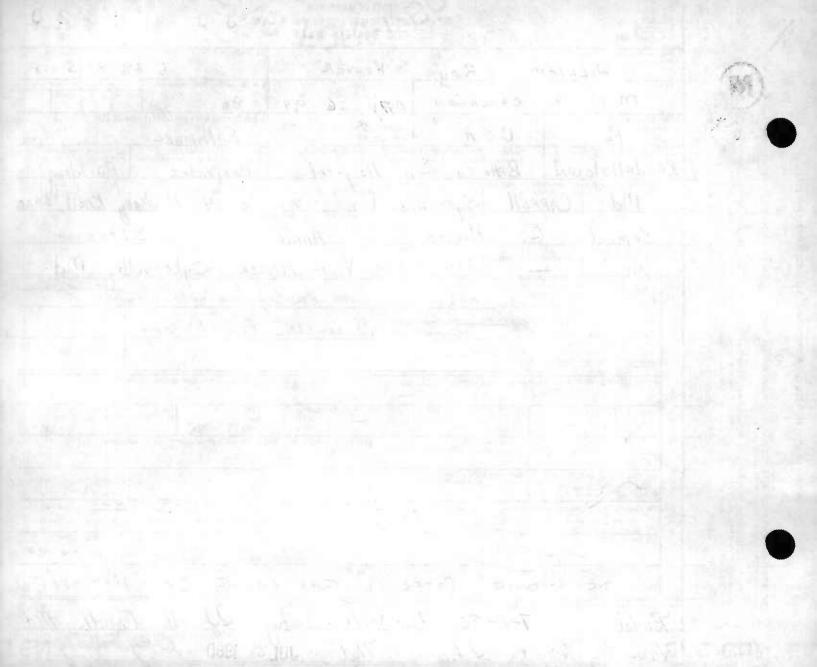
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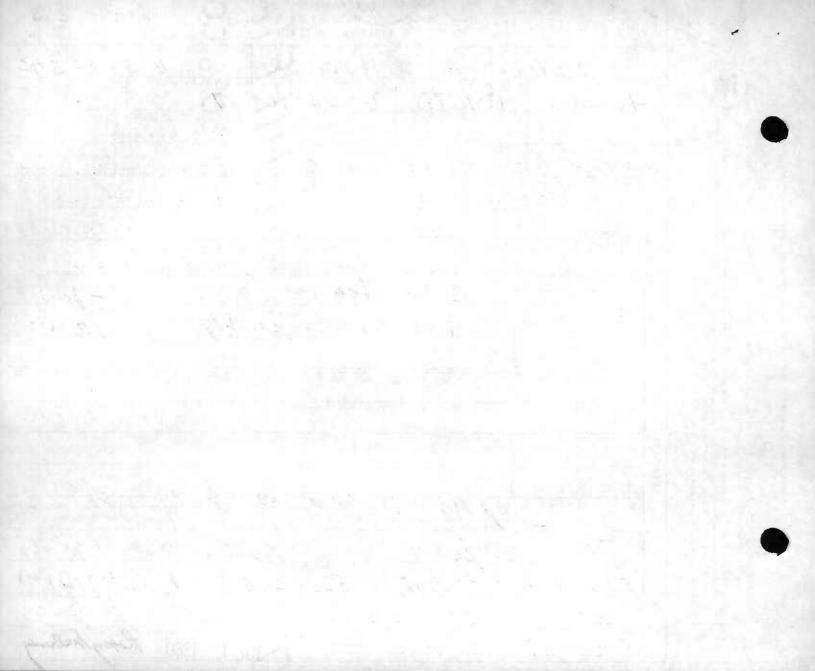
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME (TYPE OR PRINT) HELEN 10:30 7 AGNES HOOK 28, June 1980 A. AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4 RACE 5. DATE OF BIRTH IF UNDER I YEAR Feb. 5. 1883 Female White 97 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Penna. U.S.A. Baltimore County DIVORCED | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 17h KIND OF BUSINESS OR Housewife Working LI Randallstown 3622 Templar Road DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Balto. Randallstown 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Maryland 3622 Templar Road 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME Daniel Oliver Margaret Reilly ADDRESS 166 SOCIAL SECURITY NO 17. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 209-12-5287-J1 Margaret Nazay same as above no. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Cardiac 2 days IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF Swere CVA's Conditions, if ony, which gove rise to immediate couse (a), stating the Pneumoneties (Contributing factor underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1161 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF NO [ Mental Hygi 21a. ACCIDENT WAS UNDERLYING 716 TIME OF INTURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) or Item 18 HOUR A.M. MONTH YEAR DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (11) this haspital) attended the deceased from sow the deceased alive on 6/27/80 \_\_\_\_\_, and that in (my) to prinion death accurred on the date and hour and from the causes stated sow the deceased alive on 0/2 (/ 00 above, (I) (Ae) (did) (Ae) (di 22c. DATE SIGNED 22b. SIGNATURE DEGREE Darrell. M ATTENDING MEDICAL STAFF should be deto-with the State L MOIRECTOR PHYSICIAN PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPLOR PRINT) 22e. ADDRESS 9018 Liberty Road, Randallstown, Md. 21133 John J. Darrell, M.D. 23a. BURIAL, CREMATION, REMOVAL 23h DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 7/1/1980 St. Peters Cem. Columbia, Lancaster, Pa. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/76 JUL 1 Raymond C. Fink (VR A 15 (4)) Glen Burnie, Md.

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STATE OF MARYLAND DEPARTMENT OF REALTH AND MENTAL HYGIENE FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN XX MONTH (TYPE OR PRINT) ESTI-Hullett Irving Blakely DEATH MATED 1010 80 3. SEX 4 RACE & AGE (IN YEARS IF UNDER 24 HRS DATE 2d. HOUR LAST BIRTHDAY PRONOUNCED Male White JULY 12.1909 DEAD 10 19 80 70 YRS Ja. BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE, MD. MARRIED NEVER MARRIED U.S.A. Baltimore County, WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH BE FILED, 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK CONSTRUCTION FOR MOST OF WORKING LIFE)
RETIRED Chase Eastern & Emala Aves. WORKER. RECORDS ND 2 SHOULD E USUAL RESIDENCE (IF IN NURSING HOME, OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e. STREET ADDRESS 1213 HOLLINS ST. # 21223. 13a. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 21201 MD. 217-03-8984 NO [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME P. J MIDDLE AND CHARLES. HULLETT VIRGINIA MAY PERKINS 8 16h SOCIAL SECURITY NO ADSSS4 PATRICK HENRY DR PAGES 1 (YES, NO. OR UNKNOWN) IRVING B. HULLETT, JR. BALTO., 21225, MD, 217-03-8984 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, YES 💢 NO [ DEPARTMENT PRIOR TO BURI 21a, EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 211. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC. CITY OF TOWN STATE COUNTY STATE 22a. I certify that I taak charge of the remains described above, held an Autapsy Inspection Hamicide Undetermined manner TITLE (SPECIFY) DATE TO FUNERAL CAFTER DEATH, BALTIMORE, MA M.D. Assistant MEDICAL EXAMINER 6/11/80 EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn St. Balto., MD. TYPE OR PRINT 23c. NAME OF CEMETERY OR CREMATORY . . . 234 LOCATION 230 BURIAL, CREMATION, REMOVAL 23b, DATE COUNTY STATE CREMATION MEMORIAL PARK BALTO. NAT 6224 EASTERN AVE. DHMH - 17 VR A15 ME (5)) BALTO., 21224,MD.

AND THE RESERVE 1217-13-15 St. 2 221 102 112 102 112 51. 2 20209. CONTRACTOR OF THE RESIDENCE OF THE RESID A STATE OF THE PARTY OF THE PAR



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4	120		John	A	Young		Ruby	L	Brown
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the			18 CAUSE OF DEATH (Enter	only ane couse p	er line far (a). (b).	and (ct.)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ten.			18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS		ANSUNA	DOALAN	MA - PANCE	DEATIA	State on the state of the state
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	Ę		22a.1 certify that (1) (this-hos	pital) attended t	the deceased from	n	115 1980	10 6/18	19 FU that (I) (we) last
11 10	2		saw the deceased alive o	on	6/2 19	C-2	nd that in (my) ( opinion :	death accurred an the date and	haur and fram the couses stated
	E		obove, (I) (see) (did i	nat) view the bod	ly after death.	_	DEGREE		
17	<u> </u>		in storyote /	> //	11		ATTENDING _	MEDICAL STAFF _	22c. DATE SIGNED
	5		Makes 6	192	1100	m	PHYSICIAN .	DIRECTOR PHYSICIAN	6/18/80
	4	1	22d PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS		//
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	≦	23n	BURIAL, CREMATION, REMOVA			NAME OF C	EMETERY OR CREMATORY	1234 LOCATION	
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	-	24 0	UNERAL DIRECTOR	0/21	, , ,	our act		partimore,	rial y land
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			ons, if any, which ise to immediate	(b)		consequence		t Dise	ase				mo	nths	3
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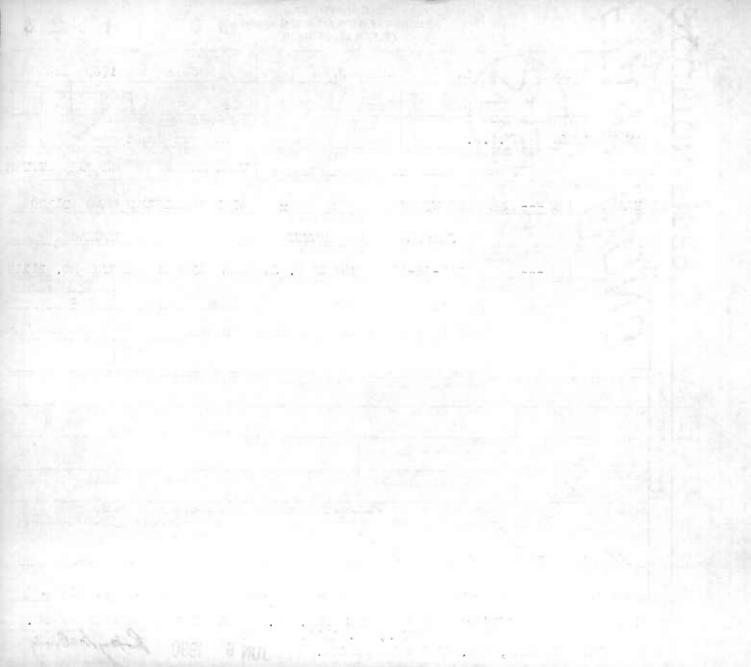


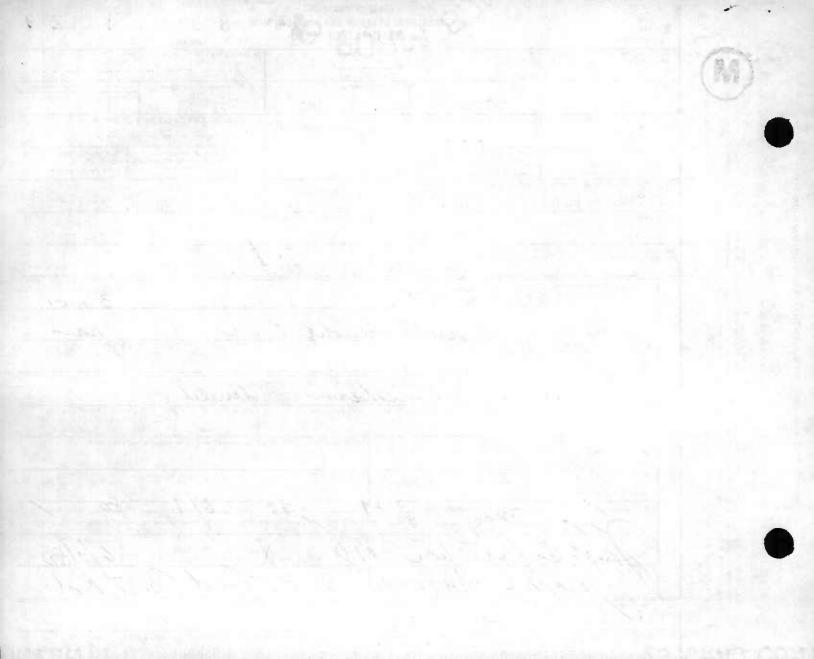


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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE DECEASED NAME 2n DATE OF DEATH (TYPE OR PRINT) JUNE 1980 1:40 A. FRANKIE L. JARRELL IF UNDER I YEAR A RACE S DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX HOURS March 13, 1941 39 MALE CAUCASIAN BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WEST VIRGINIA U.S.A. Baltimore County WIDOWED DIVORCED [ 1). NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION ID CITY OR TOWN OF DEATH 12g USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Greater Baltimore Medical Center TIME KEEPER ORKING LI CHESSIE SYSTEM Towson DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE, UF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13g. STATE 13e. STREET ADDRESS 13h COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 4303 BARRINGTON ROAD MARYLAND BALTEMORE KENSINGTON 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE TUCKER FRANK JARRELI. BETTY ADDRESS 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 4304 BARRINGTON RD. 21229 232-64-4609 GLORIA D. JARRELL NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH Enter only one couse per line far (a), (b), and ic PART I. DEATH WAS CAUSED BY: Sepsis & pneumonitis Days IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Lymphoproliferative disorder, diffuse ? (months/yrs Canditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES**XX** YESXIX NO 71n ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21f LOCATION 21e. PLACE OF INJURY 21d INJURY OCCURRED CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE June 80 June 4 80 220.1 certify that (1) (this haspital) attended the deceased fram 80 June 4 saw the deceased alive on , and that in (my) (aur) opinion death occurred an the date and haur and from the causes stated abave, (I) (we) (did) (did not viewell bade after death 22c. DATE SIGNED 22b. SIGNATURE DEGREE ATTENDING MEDICAL TO FUNERAL D should be detect with the State E IMPORTANT: If 6/4/80 DIRECTOR PHYSICIAN XXX 22d PHYSICIAN SHAME (TYPE OR PRINT) 22e ADDRESS 6701 N. Charles St., Balto., Md. 21204 Margaret L. Dobson, M.D. 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE MD. BURIAL HOWARD ELKRIDGE MEADOWRIDGE MEM. PK. 6/7/80 BALLO , MD . 21229 250 DATE REC'D. BY REGISTRAR 256. REC RANS SIGNATURE DHMH - 16 50M 1/76 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE. 1980 (VR A 15 (4))





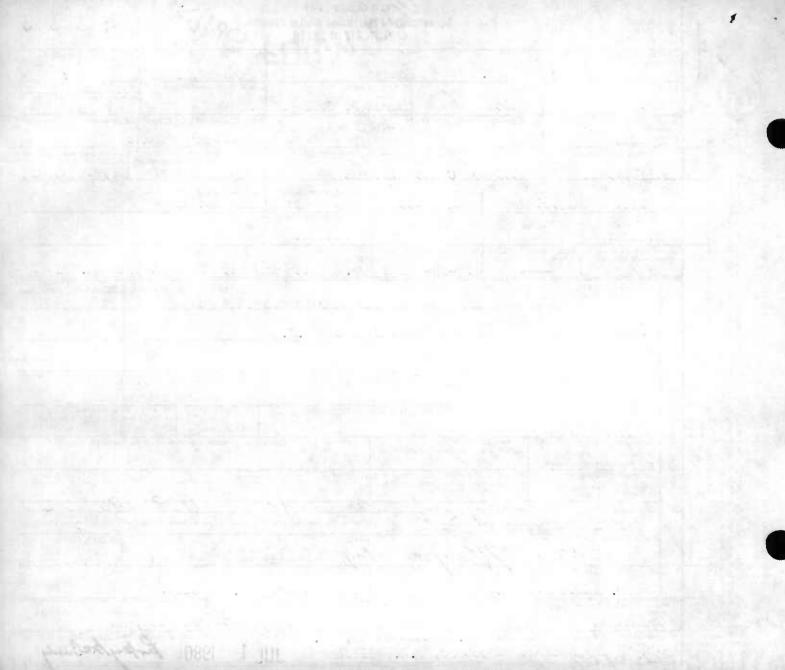
6/28/80 3:36FM JENSEN YTVUOD ERONITLIAE TOWSON GREATER BALTIMORE MED. CTR. E I TENE HE HE CALLBLACDER CANCER WITH METASTASES S-13-198 Council a March of Miletan - x DE. BELTASER VALEZ

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e execu	1.0	NO	GIVE WAR OR DATES)	482-05-6	513	ARTHUR	JENSEN	5907 CHARI	WOOD R	OAD, 2	21228
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ATTENDIN faital or CTOR: Afr flor use o		220 I certify that (I) (this he	// /	he deceased from			19 80	_, 10	eme 21, 19		that (1) (we) 1
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55 541 3-	23e.	BURIAL CREMATION, REMO	The Property of the Park of th		ME OF CE	METERY OR CRE		234 LOCATION CITY OF TOWN	100	NACT.	STATE
BP		BURIAL	06-24	-80 LAK	E VII	W MEM.	PARK	SYKESVIL			ARYLAN
DHMH - 16 50M 1/76	24 F	UNERAL DIRECTOR		ADDRESS		21229	250 DATE	REC'D. BY REGISTRAR		R'S SKNAM	PRE
(VR A 15 (4))	Н	UBBARD FUNERA	HOME. TI				JUN	2 3 1980	proper	4/200	weny .

3	FOR STATE REGISTRAR  DECEASED NAME TYPE OR PRINT)  SEX  B. BIRTHPLACE COUNTRY)  STATE OR FOREIGN COUNTRY)	MIDDLE MIDDLE ARCE BIACK	CERTIFICATE OF DEATH -		DAY YEAR 22 HOUR (27/8) (45)
3	DECEASED NAME FIRST TYPE OF PRINT)  SEX  I. BIRTHPLACE (STATE OF FOREIGN	A RACE Black	S DATE OF BIRTH MONTH DAY YEAR	20. DATE OF DEATH MONTH	DAY YEAR 21 HOUR 745
3	SEX  Male  B. BIRTHPLACE (STATE OF FOREIGN	Black	S DATE OF BIRTH	6/	127/80 945
3	SEX Male  B. BIRTHPLACE (STATE OF FOREIGN	Black	S DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	
W			MONTH DAY YEAR		IF UNDER 1 YEAR IF UNDER 24
0			36/ 7/10	P 82 YR	
020	11-6-	76 CITIZEN OF WHAT COUNTR	Y? MARRIED NEVER MARRIED WIDOWED DNORCED		To.
20	Balle	11. NAME OF HOSPITAL, NUR.	SING HOME OR OTHER INSTITUTION MET LODRESS) LEVEL E	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK IN	G LIFE) 12b. KIND OF BUSINESS INDUSTRY
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E	FATHER'S NAME	rang	YES NO 1	INAME	rogeane
2000	FIRST	MIDDLE	FIRST	MIDDLE	LAST
the med	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES, O	ARMED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRESS	2 P. A.
2 / E	No 1	231-0	8-102 Paul H	L. NOALY 351	1 Kenly S
20	PART I DEATH WAS CAL	only one couse per line for (a), (b),	-1 (116)		BETWEEN ONSET AND DE
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ws an	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
No.	<u> </u>			IN CER	RTIFYING CAUSES OF DEATH
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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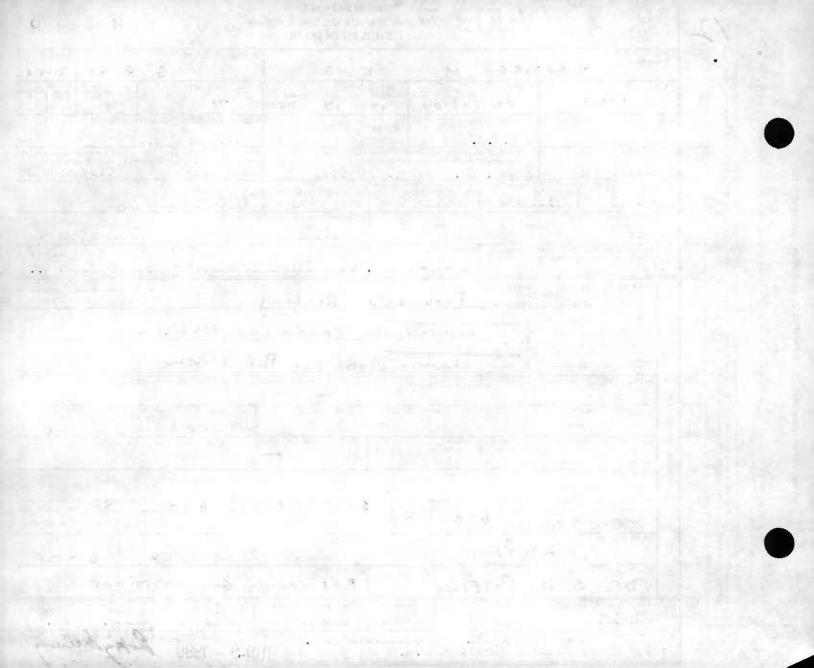
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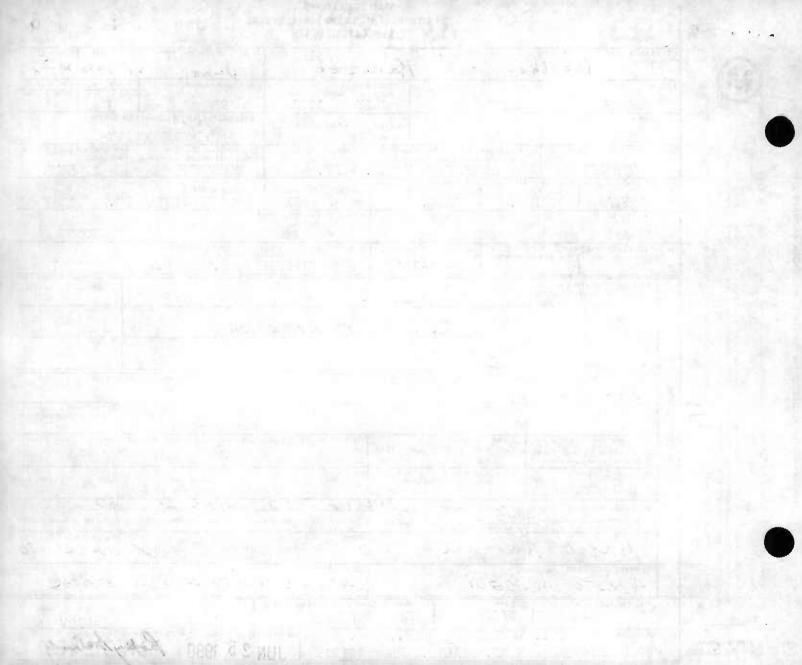
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



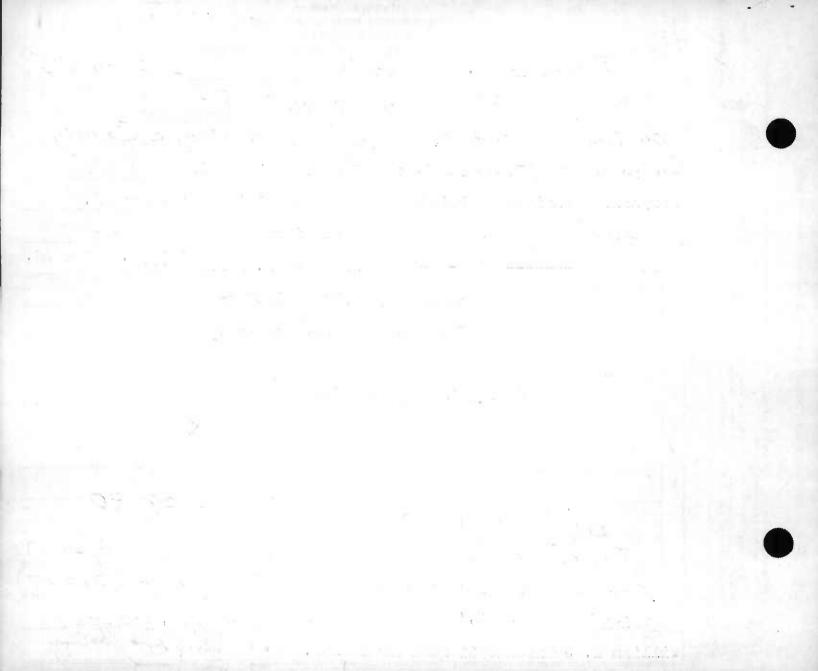
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5	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH	3 4 0
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SSAR PLE YOU FILE STON STREE	Male White Dec. 30, 1894 OS BIRTHDAY) MONTHS CAYS HOURS MIN PRONOUNCED JUNE,	13,80835
3 S S S S S S S S S S S S S S S S S S S	BEILD OF WHAT COUNTRY?  BEILD OF WHAT COUNTRY?  USA    8. MARRIED   NEVER MARRIED   P. BALTIMORE CITY OR COUNTY	MD.
AY IS O THE PAGE FILED 301 V	Towson  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  120. USUAL OCCUPATION (TYPE OF WORK IN THE OF WORK IN THE OF MOST OF WORKING HEED SCAPET  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  120. USUAL OCCUPATION (TYPE OF WORK IN THE OF W	b. KIND OF BUSINESS OR INDUSTRY
F ANY 1 AND 3 RETAIL	SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  a. STATE  Md.  136. CHITY LIMITS? YES  NO  136. STREET ADDRESS  126. YES  NO  137. STREET ADDRESS  126. YES  NO  137. STREET ADDRESS  127. NO  127	
MD 2 WITA	John T. Kelley Last Mary Jeffrey	LAST
BALTIMORE, IRS AFTER DE GIVE PAGE: WITH FORM WITH FORM DIVISION OF	was deceased ever in u.s. armed forces?  (YES, NO, OR UNKNOWN)  (IF YES, GIVE WAR OR GATES)  16b. SOCIAL SECURITY NO.  215-05-6687  Mr. William A. Kelley Cockeys	ville, Md.
W. PRESTON ST., D WITHIN 24 HOU ENCIL IN 1FM 18 AMINER ALONG V FITRANSIT PERMIT. FITRANSIT PERMIT. REMOVAL.	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate cause (a) stating the <u>under-lying cause lost</u> .  DUE TO, OR AS A CONSEQUENCE OF June 100 Consequence of the property of the prope	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  WILLIAM  WI
L RECORDS, 3  OULD BE EXECU "PENDING" II FE MEDICAL HEATH AND CREMATION,	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  17b. EXTERNAL CAUSE WAS 21b. TIME OF INJURY HOUR A.M. MONTH, DAY YEAR THOUGHT IN THE NATURE OF INJURY IN ITEM 18 PART 1 OR PART 1 HOUR A.M. MONTH, DAY YEAR	20. AUTOPSY?
JER: THIS FORWAL DR: PAG HE STAT D, 21201	UNDERLYING CONTRIBUTING AUSE OF DEATH  3 PARTY 17 1980  214 INJURY OCCURRED  WHILE AT WORK AT WORK  220. I certify that I taak charge of the remains described above, held an Autopsy	35 Ho Jistati
TO MEDICAL EXAMINES EXECUTE THE CERTIFICA PAGE 4 SHOULD BE FO TO FUNE SAL DIRECTOR AFTER DEATH, WITH THE BALTIMORE, MARYLAND,	death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner ,  ACTUAL SIGNATURE	6/13/80
Bb———85 A 5 A 5 A 5 A 5 A 5 A 5 A 5 A 5 A 5 A	Burial CREMATION, REMOVAL 236. DATE June 16,80   23c. NAME OF CEMETERY OR CREMATORY   1781, OCATION Lutherville, Macounty	STATE
DOOD DHMH - 17 (VR A 15 ME (5)) 15M 7/77	Lime Funeral Home Reisterstown, Md. 21136 JUN 1 7 1980 Fig. REGISTRAR'S SIG	NATURE

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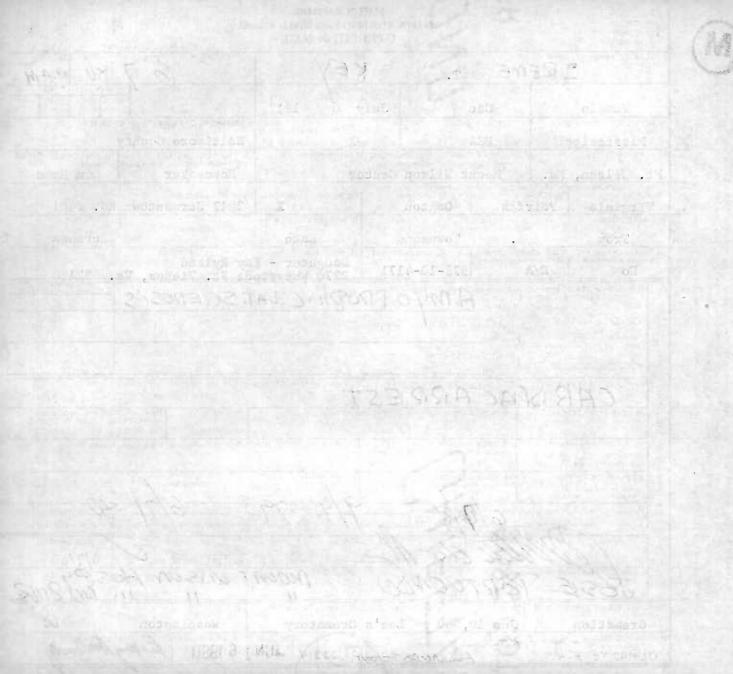
STATE OF MARYLAND



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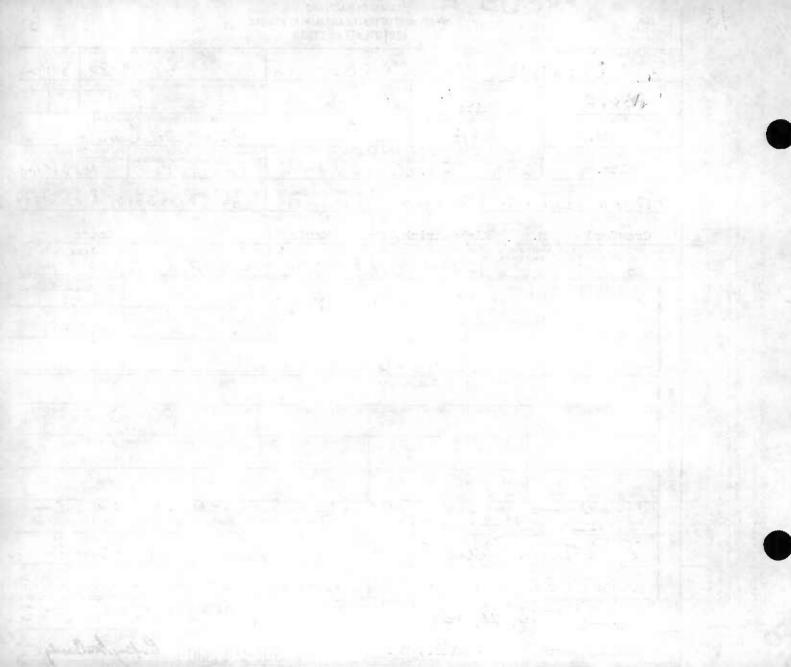
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10	1.	FOR - STATE REGISTRAR		DEPART	MENT OF	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 ()	1 4 3	4 3
- Lam		CEASED NAME FIRST		WIDDLE	117.77	AST	2a DATE OF DEATH	MONTH DAY YEAR	26 HOUR
e P		ANNA		В.	KII	RK	JUNE 5	1980	1.2:45a M
og ( a)	3. SE	X	4. RACE		5 DATE O		6 AGE (IN YEARS LAST BIRT		R IF UNDER 24 HRS
ge 4		Lemale	whit	e		ount 10. 1896	82	YRS.	HOURS MIN.
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deoth. funerol thin 72 t		witzerland	U.	S.A.	WIDOW		BALTIMORE	COUNTY	MD.
he f	10 C	ITY OR YOWN OF DEATH	11. NAME OF	HOSPITAL, NURSI	NG HOME	OR OTHER INSTITUTION	12a. USUAL OCCUPATH (TYPE OF WORK FOR MOST OF		OF BUSINESS OR
So led filed		TOWSON	SAINT	JOSEPH 1	HOSPI	CAL	housewife		home
RYLAND 212 within 24 hou letely filled in d 2 should be	1	AL RESIDENCE (IF NURSING HOME: STATE 13b. COL  ATHER'S NAME	or other institution JNTY <i>timone</i>	130 CITY OR TOV		13d INSIDE CITY LIMITS? YES NO 1	13e STREET ADDRESS	ch Avenue	
MARY mmpletel ond 2	N	FIRST	MIDDLE	LAST		FIRST	MIDDLE	E/	AST
RE, M.		anuel Bregger	PMED ECDCES2	16b SOCIAL SEC	IDITY NO	Chritin	e Keinath ADDRE	55	
MORE,		YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)			A CONTAIN			21223
LTIA gion prs. P	-	18 CAUSE OF DEATH (Enter of			8788	J. Calvin K	irk 1324 Bi	nch Avenue	XIMATE INTERVAL NONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201  ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or otherding physicion.  Tothending physicion.  Street his certificate has been signed by the attending physicion and completely filled in by as the buriol-transit permit. Then please remove corbanopapers. Pages 1 and 2 should be filled in and Mental Hygiene prior to buriol, cremation, or removal.		PART I. DEATH WAS CAUS	DUE TO, O	Septicem PR AS A CONSEQU	ia - ] ENCE OF tract	Escherichia C	oli		
RDS, 20 equires n signe Then pl r to buri	_	PART 2. OTHER SIGNIFICANT	CONDITIONS C					DITION GIVEN IN PART 1	(0)
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SION OF VIII PHYSICIAN: ending physis this certifical ne burial-tran ad Amental Hys		? 10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	EATH HOUR A	of injury .m. month d .m.	AY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJUR	LY IN ITEM 18, PART 1 OR PART 2)	
DIVISION OF VITAL RI DING PHYSICIAN: The k or ottending physicion. After this certificione hos te os the buriol-tronst per olth and Mental Hygiene marked or item 18 shows	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	21f LOCATION STREET	CITY OR TOW	VN COUNTY	STATE
TEND for ose or ose f Heol		22a.l certify that (this has sow the deceased alive a above, (we) (did), d			May 3	$1$ , 19 $\_80$ nd that in $4$ (our) opinion	to <u>June 5</u> death accurred on the do		, that (we) last e couses stated
AL Critical Properties of the Critical Propertie		22b. SIGNATURE	DAM	aam	1		MEDICAL STAP	FF /	-5-80
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F 5 F 2 ₹ 2	23a. [	BURIAL, CREMATION, REMOVA	L 23b. DATE	23с.	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY -	STATE
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DHMH - 16 50M 1/76		UNERAL DIRECTOR	O	ADDRESS		25a. DA	RECID. BY REGISTRAN	THE PARTY AND	Made
(VR A 15 (4))	1	Ambrose Funeral	Home 1	1328 Sulp	hur S	prino Rd.	1300		1

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F	13	1.	FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL	HYGIENI	E 8 0	0.	4 0	4 6
1/8	NEW		CEASED NAME FIRST OR PRINT)		MIDDLE	10.01	AST		DATE OF DEATH	MONTH D		HOUR
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age 4 m	rector, irs after	3. SE	MALE	4 RACE Wh	nite	5 DATE C			GE (IN YEARS LAST BIR	_		UNDER 24 HRS DURS MIN
death. P	72 hour	7a. B	RTHPLACE (STATE OR FOREIGN OUNTRY) Pa.	76 CITIZEN OF	WHAT COUNTRY	MARRIE WIDOWE	NEVER MARRIED		BALTIMORECITY	ofe (	OF DEATH	MD
201 ours after	filed within		Balto.	309	CH FACILITY, GIVE STREET	ING HOME OF ADDRESS)	ROTHER INSTITUTION	12a (TY	PEOF WORK FOR MOST C	ION OF WORKING LIFE	0	DICINE
MARYLAND 2120	should be filled in should be filled in	130		OTHER INSTITUTION ITY I M PRC	13c. CITY OR TO	ME ADMISSION) WN	134. INSIDE CITY LIMITS		STREET ADDRESS	erwo	on RJ	21204
MARYL uted wit	d 2 d 2	14 F/		MIDDLE K	irkpatri	.ck, Si	15. MOTHER'S MAIDEN First Marie	NAME	MIDDLE		Boggs	
BALTIMORE,	Pages 1 and corr		NAS DECEASED EVER IN U.S. AR yes, no or unknown) (If yes, gme NO	MED FORCES? WAR OR DATES)	216-44	URITY NO.	ELIZABETH	wife.	RK PALRIC	26	9 GREEN	41-
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAIDING PHYSICIAN: The law requires that the death certifical physician.	igned by the attending physici in please remove carbon papers. I burial, cremation, or removal. injury, or other traumatic even		PART 2 OTHER SIGNIFICANT C	D BY. E CAUSE (0)  DUE TO, C  (b)  DUE TO, O  (c)	Myoc PRASA CONSEON PRASA CONSEON	JENCE OF JENCE OF JENCE OF CHO	Hypers esteremin	ALCT tens	L DISEASE OR CON	DITION GIVE	APPROXIMATI BETWEEN ONSE HOUR:  Y LI  EN IN PART 1(0)	TANG ORAIN S VRJ
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ON OF VITAL	certifical Item 18		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A		DAY YEAR	21¢ HOW INJURY OC	CURRED	(ENTER NATURE OF INJU	RY IN ITEM 18, PA	RT 1 OR PART 2)	
DIVISION ENDING PHY	After this certificate has be steep than the sertificate has be steep than the steep than the steep of the st	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE		211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
TTEN	use a Heal		22a I certify that (1) (this begin saw the deceased alive an above ((1) ma) (did) (did no			80	nd that in (my) (aur) opin	inion deat	to JUNU		and from the cou	
ITAL CH A	TO FUNERAL DIRECTORECTORECTORECTORECTORECTORECTORECTO		226. SIGNATURE	san R	und	1 , 1	DEGREE ATTENDIN PHYSICIA	NG DI	AEDICAL STA	FF IAN 🗌	June	30 1980
TO HOSPI	TO FUNERAL should be detact with the State [IMPORTANT:		R. PATTE	RSON	Russel	1	Johns Hup	Kins	Hosp. 1	3x 1 hon	ory, Ad	212.5
	P		BURIAL, CREMATION, <u>REMOVAL</u> SPECIFY)  REMOVAL	23h. DATE 2	180 230	NAME OF C	EMETERY OR CREMATO		23d LOCATION CITY OR TOWN	100	COUNTY	STATE
	DHMH-16 25M VRA 15, 4) 1/79	24 F	NAME Anatomy Board	1	Balto.	Md.	25e.	JUL.	1 8 1980		try schature	



STATE OF MARYLAND

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	REGISTRAR				CERTIF	ICATE OF	DEATH	REG. NO	).				
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	3. SE X			4. RACE		S. DATE C		YEAR	6. AGE (IN YEARS LAST BIRTH	HDAY)	MONTHS	DAYS	HOURS A	HRS
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5		rvland		USA		WIDOWE		NORCED	Baltimore	e Co	unty	7		MD.
0	100	rerlea	DEATH	(IF NOT IN SUCI	HOSPITAL, NURSIN HEACILITY, GIVE STREET AWANI R	ADDRESS)		NOITUTIT	12a. USUAL OCCUPATK (TYPE OF WORK FOR MOST OF Housewife	F WORKING I	LIFE) IND	USTRY	f BUSINESS nakin	
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	14. FA	THER'S NAME		24			15. MOTHER	S MAIDEN NA	ME	-		LAS		
30		Willia	am	Lee	Minsh	ew	Pa	auline	MIDDLE	225			elsh	
I		AS DECEASED E	ER IN U.S. A		166 SOCIAL SECU	IRITY NO.	17 INFORM	ANT	ADDRE	SS	1 00			
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		gave rise to cause (a), st		DUE TO, OI	R AS A CONSEQU	ENCE OF								
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		PART 2. OTHER	IGNIFICAN	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR CON	DITIONG	IVEN IN I	PART 1(c	1)	
	o N	- No	me							Ton one		·	100	
15	CERTIFICATION	19a. DATE OF OP	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUTOPSY?				OF DEATH	?
d	E	N	THE						YES NO		YES 🗌		NO []	
9		21a. ACCIDENT WAS		- 110110 A	FINJURY M. MONTH D	AY YEAR		NJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18	8, PART 1 OR	PART 21		
/	CAL	(IF EITHER, NOTIFY M	EDICAL EXAMIN	ER) P.	Μ.	19								
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				spital) ovended th	e deceased from _	यय।			death occurred on the d		196		tha (1) (we	
		sow the dec	eased alived e) (did) (did	not hiew the body	ofter death.	, 0		(our) opinion	deoth occurred on the d	ate and n				ea
		226. SIGNATURE	1	01	10.	A	DEGREE	ATTENDING	MEDICAL STA			IL DATE	SIGNED	1
		L'	jerns	eral y.	your	fr	VIJ	PHYSICIAN E	DIRECTOR   PHYSIC			\$ 10	rek	3
1		22d. PHYSICIAN'	S NAME (TYP	E OR PRINT)	4		22e. ADDRI	:55				1		

DHMH - 16 25M (VR A 15 (4) ) 9/74

should be detached for use as the bu with the State Dept. of Health and M TO FUNERAL DIRECTOR: After this

MPORTANT: If Item 21 is marked

24 FUNERAL DIRECTOR
Lassahn Funeral Home

236. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

BERNARD J. YUKNA, M.D.

236. DATE

6/7/80

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

QUARTERS RD/BALTO.MD/212

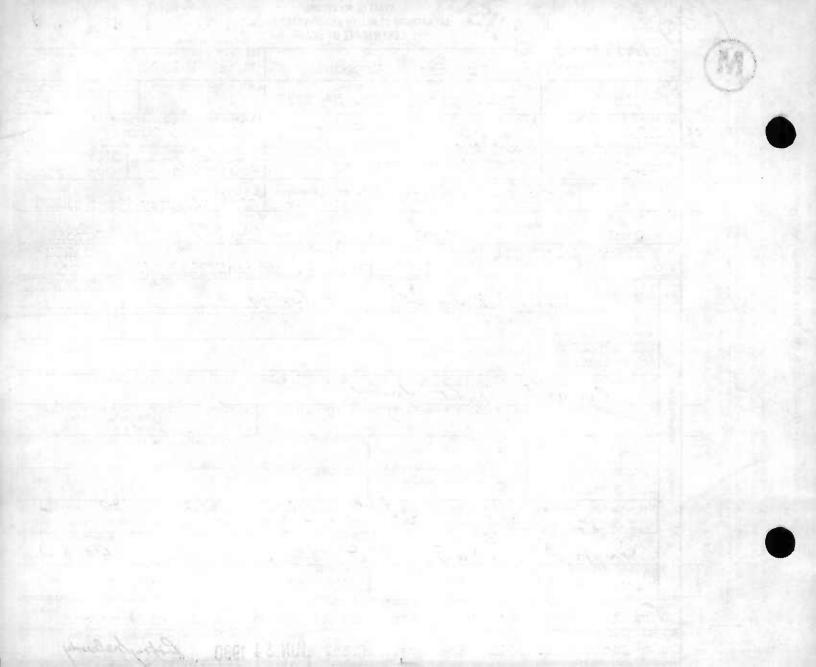
Parkwood Cemetery Parkville
| 250. Date REC'D. BY REGISTRAR | 25b. Arkville Baltimore Md
BY REGISTRAR 256. REGISTRAR'S SIGNATURE

7401 Belair Road

404 BOWLEYS

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



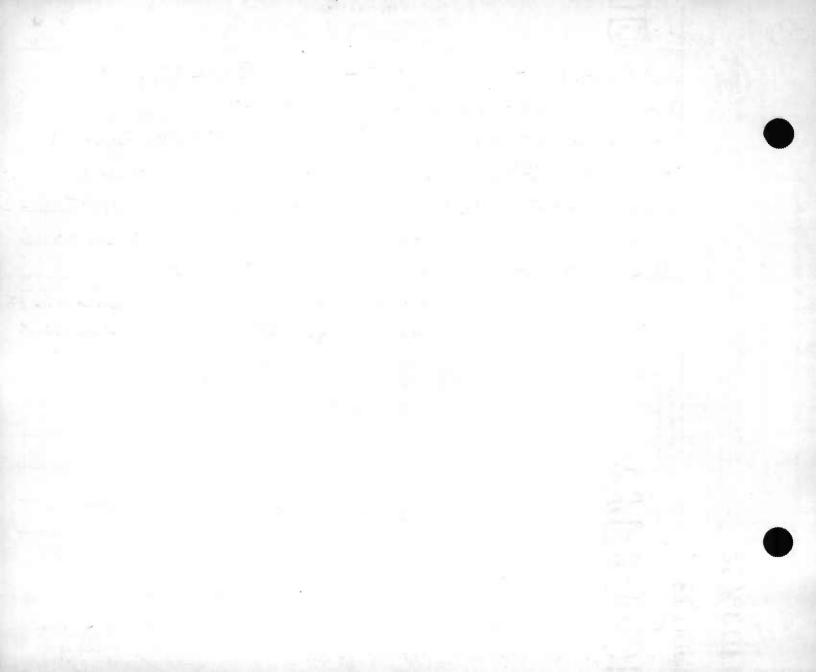
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rector, purs after		3. SE			Whit		5 DATE C	DF BIRTH 14-1914 YEAR	6 AGE (IN YEARS LAST BIR	THDAY] IF	F UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
T - +	35	7e. B1	RTHPLACE (STATE OR FORE DUNTRY)  Balto. Ci			WHAT COUNTRY?	MARRIE WIDOWE	DIVORCED D	Baltimore CITY C	R COUNTY C		MD.
by the funeral of the	57	RC	TY OR TOWN OF DEATH		NAME OF H	OSPITAL, NURSIN FACILITY, GIVE STREET	G HOME (	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Retired			F BUSINESS OR
filled in bild be file	35	USU/ 13a. S	AL RESIDENCE (# NURSING	HOME OR OTH Ball	ER INSTITUTION.	klin Sq GME RESIDENCE BEFORE 134 CITY OR JOW Balto	ADMISSION)	7	3. SIREE LADDRESS 6001 Sha	dy Sp		212:
completely in and 2 shounded to an arm	130	14. FA	THER'S NAME FIRST Robert	J. I		Sr.		15 MOTHER'S MAIDEN NAM			LAS	
ysician and compers. Pages 1 and compers. Pages 1 and event, the medi	-		VAS DECEASED EVER IN (ES, NO OR UNKNOWN)	U.S. ARME IF YES, GIVE WA		217-07-		Mrs. Annae	ADDRI	ESS		Spring hady Av
n signed by the attendir ten please remove carbot to burial, cremation, or y injury, or other traum		NO		diate the lost	(b) V DUE TO, OF	as a conseque cute Myo	er Fil	orillation al Infarction	INAL DISEASE OR CON	DITION GIVER	N IN PART 1(c	51
te has bee permit. Ti liene prior shows an	2	CERTIFICATION	190 DATE OF OPERATIO	N	1% CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20h. IF YES, V IN CERTIFYI YES	WERE FINDIN	NGS USED OF DEATH?
physician is certifica ial-transit lental Hyg or Item 18	9		210 ACCIDENT WAS UNDER OR CONTRIBUTING CAU	SE OF DEATH	216. TIME OF HOUR A.A	A. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	IT 1 OR PART 2)	
After the S the buri th and Manarked o		MEDICAL	216. INJURY OCCURRED WHILE NOT WHILE AT WORK		21e PLACE C	OF INJURY SET, FACTORY, OFFICE, F.	ARM, ETC.]	211 LOCATION STREET	CITY OR TO	ΨN	COUNTY	STATE
ECTOR: for use as of Healt			22a   certify that (the saw the deceased abave, (m) (we) (did	alive an		8 19	June	10 , 19 80 and that in (aur) opinion d	, ta			that (we) last causes stated
etained by the host TO FUNERAL DIR should be detached with the State Dept. MPORTANT: If Its	_		226 PHYSICIAN'S NAM	oll	will	М.	0.	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STA DIRECTOR PHYSIC	FF CIAN [3]	6-18	
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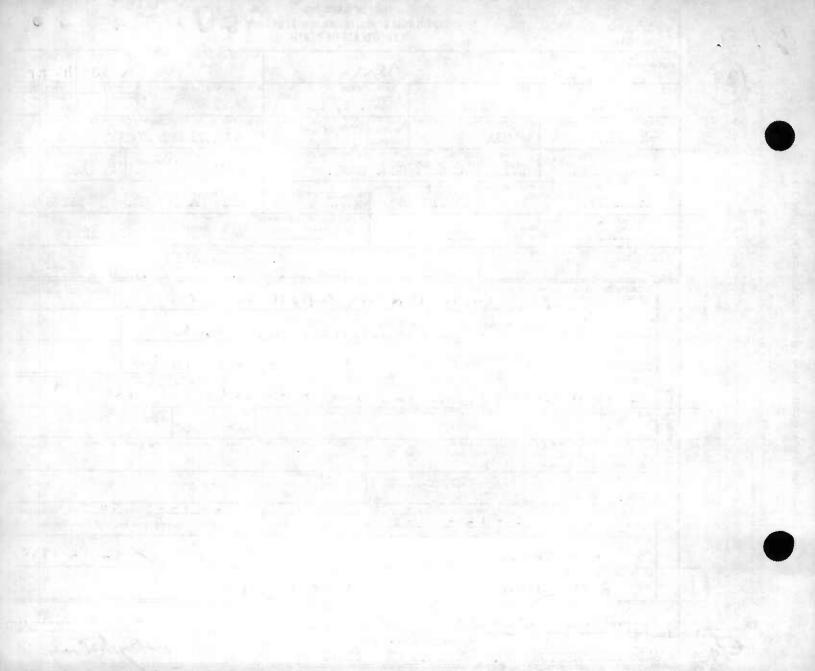
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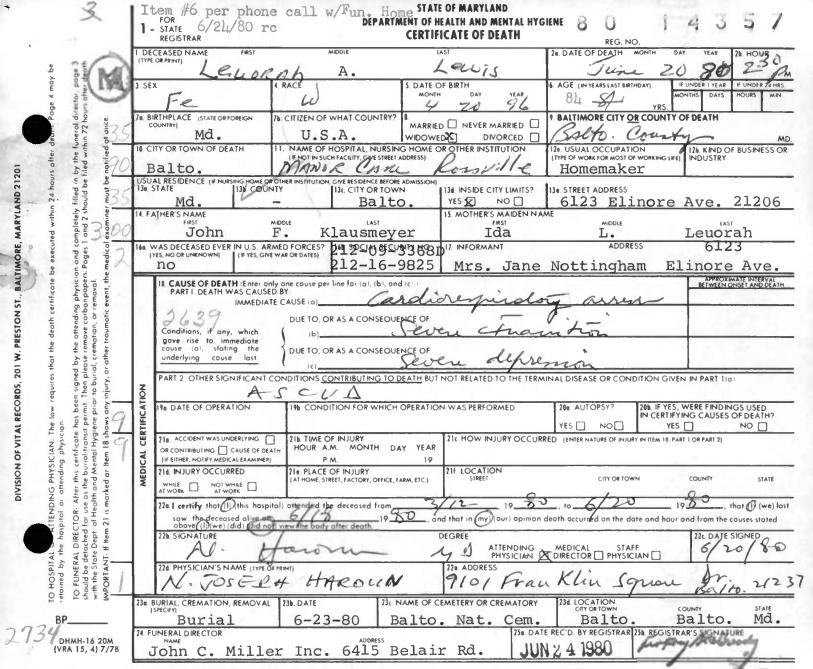


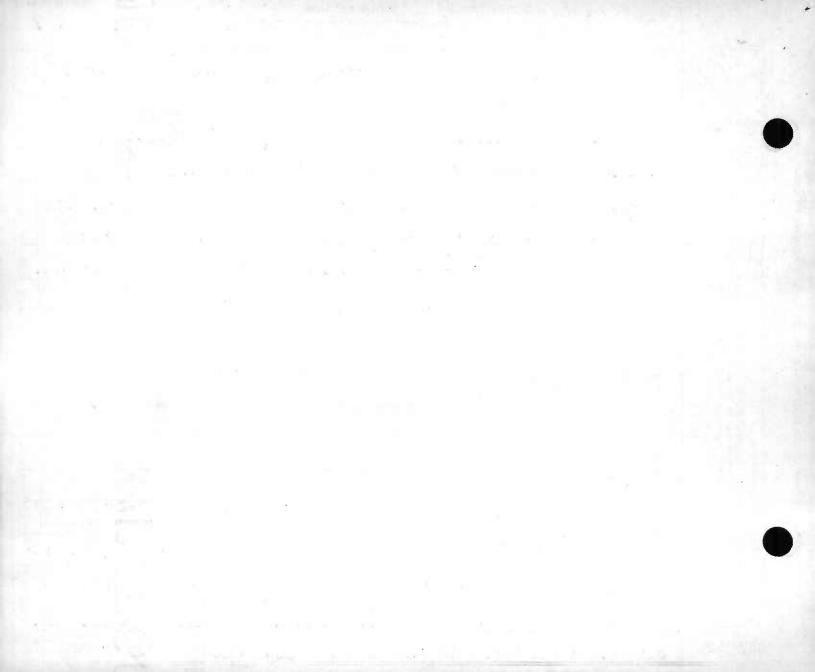




	1	FOR - STATE REGISTRAR	DEPART		IEALTH AND MENTAL HYG	REG. NO.	4 5 5 5
8 6		ECEASED NAME FIRST	MIDDLE		NIN	28 DATE OF DEATH MONTH	DAY YEAR 26. HOUR 16 80 11 - 33 P.M
Pagé 4 Máy irec urs on	3 5	FEMALE	WHITE	S. DATE (	DF BIRTH R. 6, 0AY 1898	6. AGE (IN YEARS LAST BIRTHOAY) 82	IF UNDER 1 YEAR IF UNDER 24 HRS
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urs after on the function of t	1	RANDALLSTOWN	11. NAME OF HOSPITAL, NURSII BALTIMORE COUNTY	NG HOME	OR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING) HOUSEWIFE	126 KIND OF BUSINESS OR
filled in the file of the file	USI 13a.	UAL RESIDENCE (IF NURSING HOME OF STATE 136 COUL MARYLAND	R OTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13, CITY OR 10 Y BALTIMO	RE ADMISSION)	134. INSIDE CITY LIMITS?	13. STREET ADDRESS INE DI	R. #21215
mpletely and 2 should be a sho	14. F	ATHER'S NAME BEAR	MIDDLE KATZ LAST		15. MOTHER'S MAIDEN NAM MALKA	WE	UNKNÖWN
n and cor Pages 1 a		WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (# YES, GW	RMED FORCES? 166 SOCIAL SEC E WAR OR DATES) NONE	URITY NO.	17 INFORMANT MR. 4224 NADINE	SAMUEL LEVIN	, MD 21215
has been signed by the attremit. Then please remove te prior to burial, crematio tows any injury, or other t	CERTIFICATION	Conditions, if any, which gove rise to immediate cause iot, stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT (2007)  190 DATE OF OPERATION	DUE TO, OR AS A CONSEOL  (c) PLAM M  CONDITIONS CONTRIBUTING TO  CLO LOUS  196 CONDITION FOR WHICH	DEATH BUT	secure pro not related to the term and Donton	200 AUTOPSY? 200 IF YI	
ng physician. this certificate hurial-transit per li Mental Hygienn dor Item 18 sh	MEDICAL CERTIF	21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY	19	211. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18.	
DIRECTOR: After the for use as the bust of Health and filem 21 is market	W	WHILE NOT WHILE 220.1 certify that (1) (this hosp saw the deceosed alive or obove. (1) (we) (did) (did not 27b. SIGNATURE	(AT HOME, STREET, FACTORY, OFFICE, ital) attended the deceased from the factor of the body after death.		, 19	. to to	19, that (I) (we) last our and from the causes stated
retained by the to TO FUNERAL C should be detach with the State D IMPORTANT: I	73a	R.M. S.  224 PHYSICIAN'S NAME (TYPEC)  R.M. S.  BURIAL, CREMATION, REMOVAL	DAPRINTI	NAME OF (	ATTENDING PHYSICIAN [	23d. LOCATION	C-16-L980.
DHMH-16 25M (VRA 15, 4) 1/79	10	BURIAL	JUNE 18,1980 K	INC.	TH ISRAEL ANSI	HE KOLKER BALT	IMORE MARYLAN







6500 York Rd.

Mitchell-Wiedefeld

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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ATION	PART 2 DTF	cause los	nt conditions	(c)_CONTRIBUTING TO	DEATH BUT NO	T RELATED TO THE	TERMINAL DISEAS	SE OR CONDITION GI		(a).			***********	20. AII	TOPSY?	
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DEPAREMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME FIRST KNOWN E (TYPE OR PRINT) ESTI-LOMAS HOWARD DEATH MATED 3 SEX 4. RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) MONTHS PRONOUNCET Male White Feb. 6,1910 70 DEAD To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED U.S.A. New Jersey BALTIMORE COUNTY WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Trainer Horses TOWSON BALTIMORE MED. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION 13a STATE Baltimore Cockeysville 13d. INSIDE CITY LIMITS? 130. STREET ADDRESS 13727 Falls Road Maryland NO X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME AND 2 MIDDLE MMKMMMM George Lomas MNKMØNN E. Marv Howard 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) 302-09-0861 Same as #13. Yes Margaret A. Lomas CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o' DUE TO, OR CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? YES NO N DEPARTMENT 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING 0 MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. PRIOR 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME 211. LOCATION STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Notural couses death resulted from: Accident Hamicide Undetermined manner EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA DATE (TYPE OR PRINT) CHARLES F. O'DONNELL. M. D. ADDRESS 7501 York Road Towson, Md. 21204 230 BURIAL, CREMATION, REMOVAL 236. DATE 23¢. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Baltimore, June 21, 1980 Loudon Park Crematory Cremation Maryland 24. FUNERAL DIRECTOR 1050 York Road | 250. DATE REC'D. BY REGISTRAR | 256. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) Ruck Towson Funeral Home, Inc. Towson, Md. 21204 15M 7/77

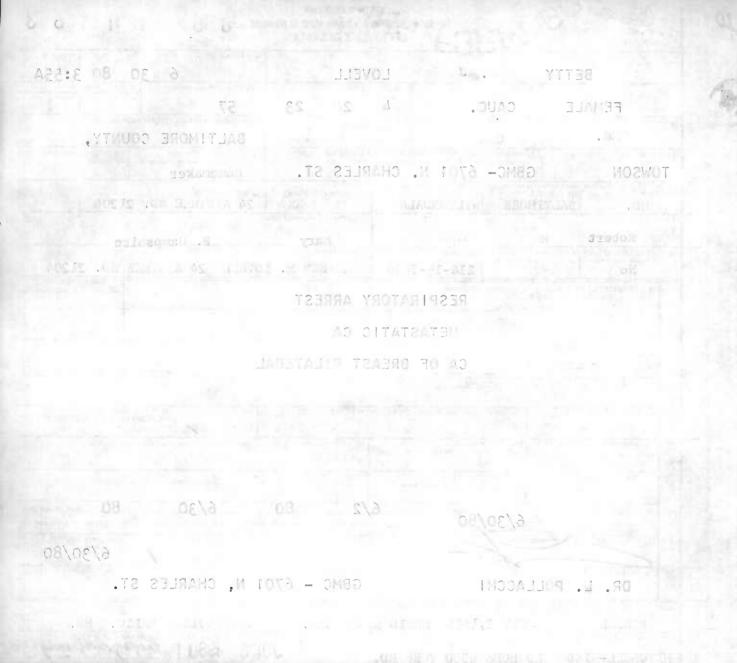
HOWARD LOMAS The contract of the state of th SALTIMORE COUNTY , TOWSON GREATER BALTIMORE MED. CTR. TELE OF BOLDSON Note that the second of the se Township the area A. Towns and T. Towns and T. T. CHARLES F. 0'COMMELL, M.Q.

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2h HOUR KNOWN (TYPE OR PRINT) OF ESTI-100 HARRY JESSE LONG DEATH MATED 4. RACE . SEX DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS. 24. DATE DAY LAST BIRTHDAY) PRONOUNCED Male White 3 19 8 July 12,1916 63 DEAD Jo. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY U.S. Maryland Baltimore County DIVORCED WIDOWED [ ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS 7248 Conley St. FOR MOST OF WORKING LIFE) Essex SHOULD BE F clerk Post Office USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13e. STREET ADDRESS 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Baltimore Md. 7248 Conley St. Exzex NOX 1 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE OF LE LAST MIDDLE LAST Helt Augustus Long Carrie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** Linthicum, Md. DIVISION [YES, NO, OR UNKNOWN] (IF YES, GIVE WAR OR DATES) Yes W.WlI 212 09 5366 Robert S. Long, Edward St. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATN BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Chrome alcoho CERTIFICATION 20. AUTOPSY? OF OBURIAL YES NO DRWARDED TO THE CI PAGE 3 SHOULD BE STATE DEPARTMENT C BE 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING TO CAUSE OF DEATH P.M. PRIOR 21e PLACE OF INJURY (AT HOME. 211, LOCATION STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN WHILE COUNTY STATE WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy ond in my opinion deoth resulted from: Natural couses Accident Homicide Undetermined manner TITLE (SPECIFY) TO FUNERAL D AFTER DEATH, BALLIMORE, MA EXAMINER'S NAME (TYPE OR PRINT) 230.BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Burial Woodlawn Cemetery Baltimore 24. FUNERAL DIRECTOR 25a, DATE REC'D. BY REGISTRAR **DHMH - 17** (VR A15 ME (5)) George J. Gonce, 4001 Ritchie Hg., Baltimore. Md 15M 7/77

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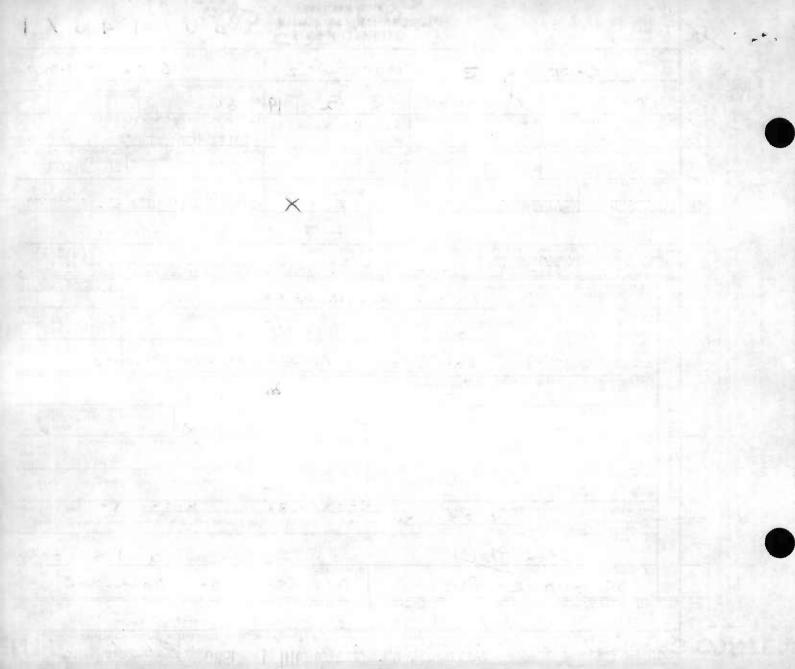
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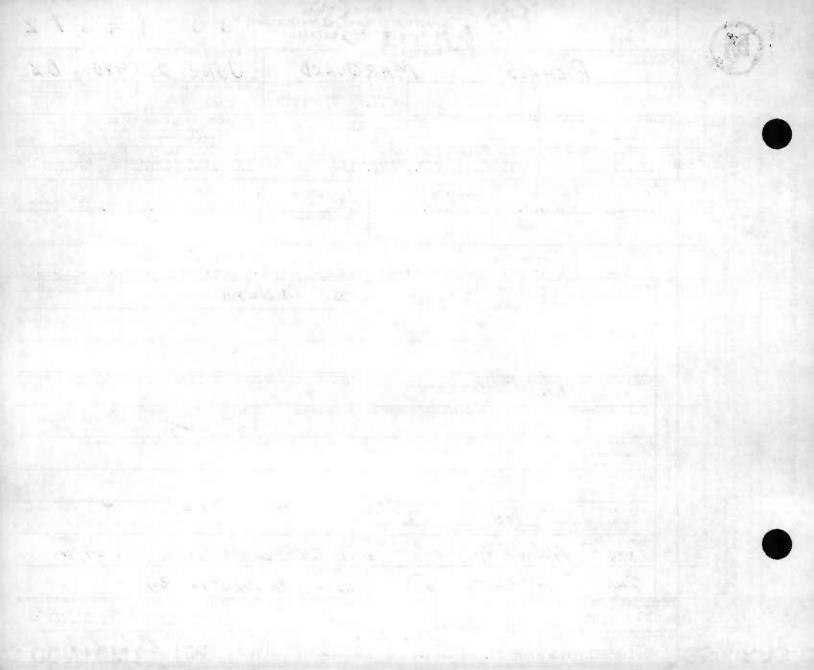
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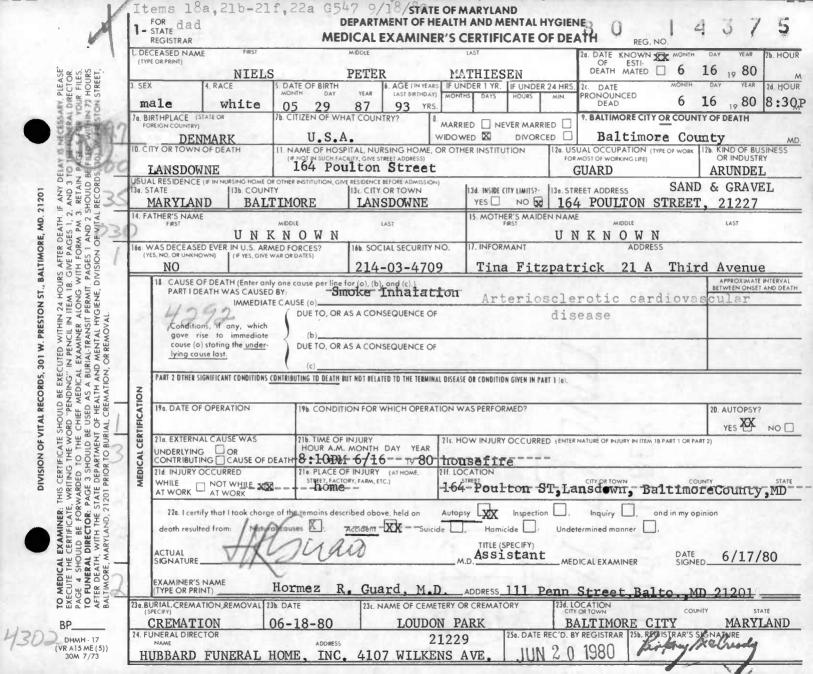




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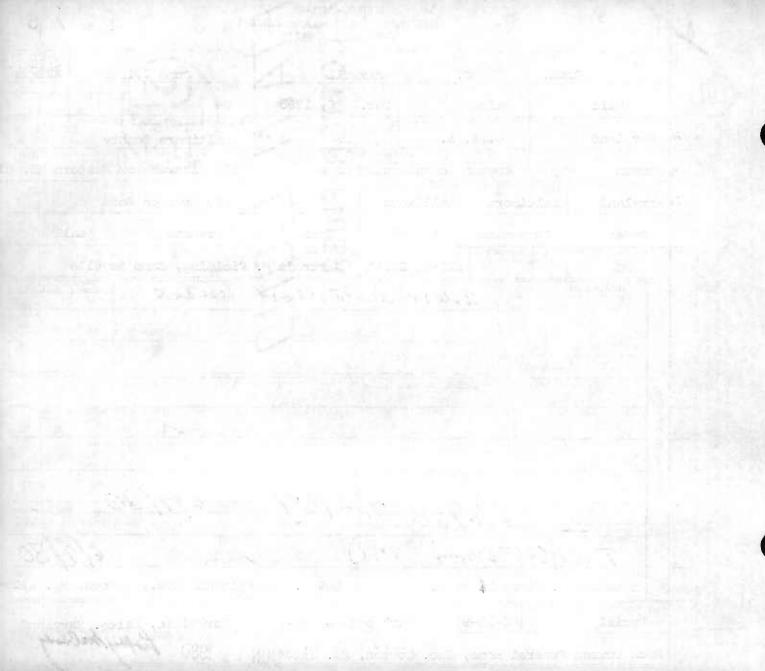
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ge 4 m	Male Male	4. RACE White	5 DATE OF DEC.	6, 1885	6 AGE (IN YEARS LAST BIRTHDAY)  94  YRS	MONTHS DAYS HOURS MIN.	
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DHMH - 16 50M 1/76 (VR A 15 (4))	24 FUNERAL DIRECTOR Ruck Towson Fur	neral Home, Inc	Towson,	ork Rd.	TE REC'D. BY REGISTRAR 211	The Bedy	

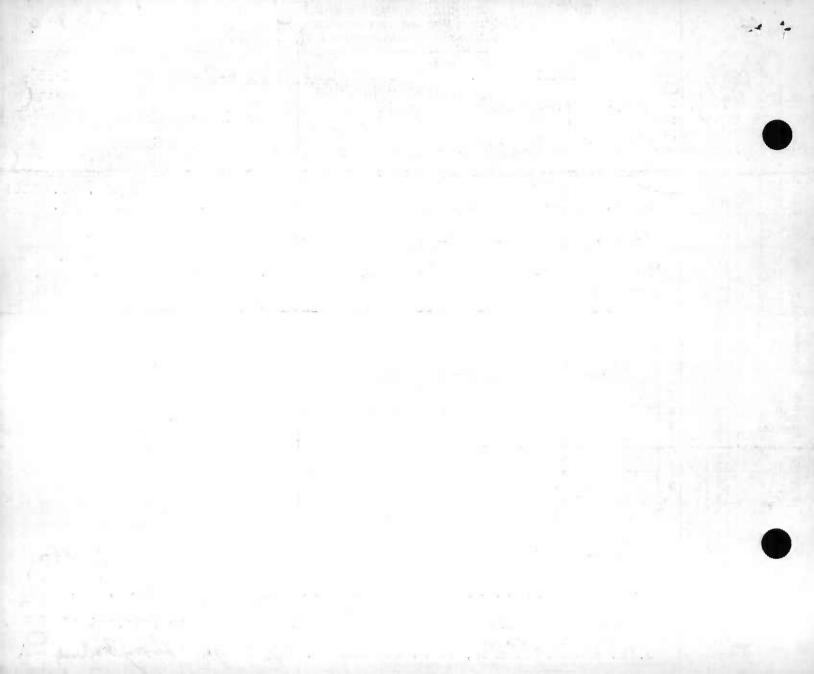


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	7	CERTIFICATION	198 DATE OF OPERATION	1	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WEI IN CERTIFYING YES	RE FINDING CAUSES C	GS USED OF DEATH?
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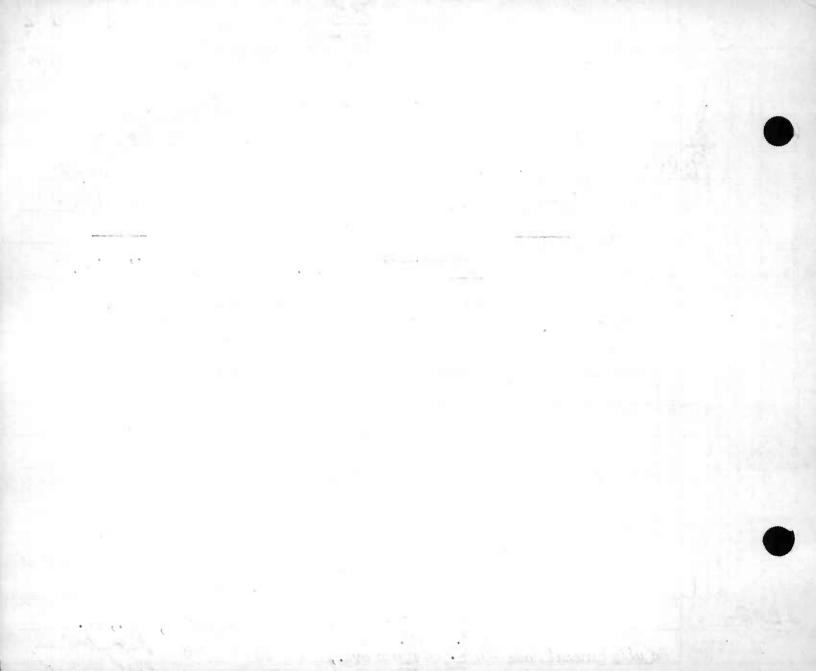
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME O. DATE KNOWN ATYPE OR PRINT DEATH MATED 1980 Carl SEX 4. RACE 6 AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED 1903 Male White 77 DEAD 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED MARRIED FOREIGN COUNTRY U.S.A. Ohio Baltimore WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  $^{2220}$ 12g. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Woodlawn Md. Woodlawn 6440 Lehnert Street Chief Chemist RECORDS USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore Woodlawn Marulana 6440 Lehnert St. Woodlawn Md. NO.1 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Wilhelm Unknown 17. INFORMANT 160 WAS DECEASED EVER IN U.S. 16b. SOCIAL SECURITY NO. ADDRESS 21207 DIVISION PAGES WWI & WWII Yes 208-05-5872 Richard Meinke 5930 Charles St. Balto. Md. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, If ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF BURIAL, YES [] NO [ BE DEPARTMENT OPRIOR TO BURIA 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy and in my opinion Hamicide Undetermined manner TITLE (SPECIFY PAGE 4 SHOU TO FUNERAL DAFTER DEATH, DEATH, DATE IMORE, EXAMINER'S NAME Conrado 5550 Baltimore National Pike Ferrero 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23r NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE 6/16/80 Lorraine Park Cemetery Woodlam Burial Balto. 24. FUNERAL DIRECTOR Loring Byers, Funeral Directors, P. A. 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE 8728 Liberty Road Randallstown, Maryland 21133 JUN 17 1980 **DHMH - 17** (VR A15 ME (5)) 15M 7/77

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5 BP 3 3 3 3 5 5 6 5 6 5 6 6 6 6 6 6 6 6 6 6	23o. (	BURIAL, CREMATION, REMOVAL SPECIFY BURIAL	23b. DATE 23c	NAME OF C	emetery or crematory	23d. LOCATION CITY OR TOWN Keedusvil	La Wash. M	STATE 21
DHMH-16 20M (VRA 15, 4) 7/78	24 F	UNERAL DIRECTOR NAME  Gully Funeral	BaltoADDRESS	Md. 2	7225 256. DATE	REC'D. BY REGISTRAR	25b. REGIS AR'S SIGNA	Well wordy



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REGISTRAR

12h KIND OF BUSINESS OR INDUSTRY ruck Loaden Bakeru 13. STREET ADDRESS And Rd. 21122 Unknown Carol Miller 248 Wendover Rd., Pasadena, Md. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO [ 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNT STATE 80 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 224 DATE SIGNED 6/27/80 DIRECTOR PHYSICIAN 21204 Holy Brooklyn Burial ross ( emeteru 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH-16 25M ully F. H. Mtn. & Tick Neck Rds., Pasadena, Md. (VRA 15, 4) 1/79

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2h. HOUR

9:20A

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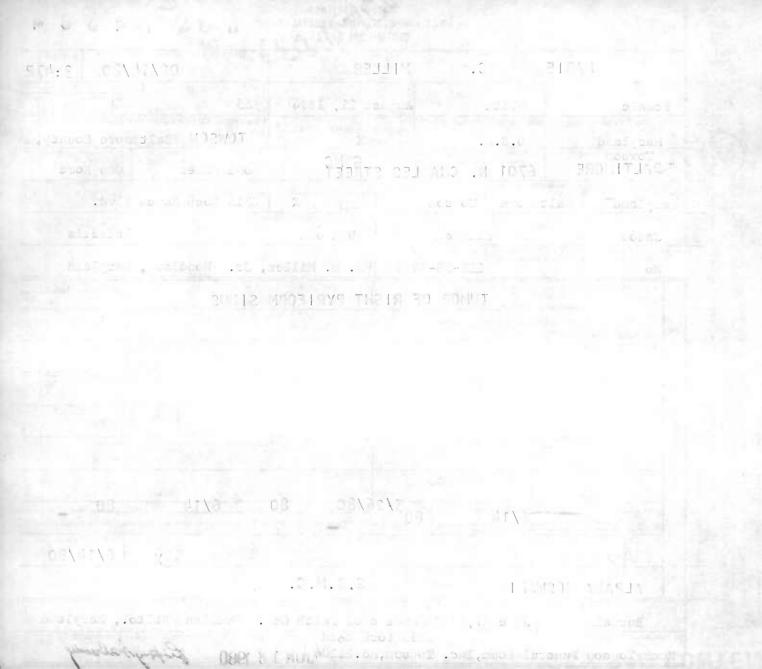
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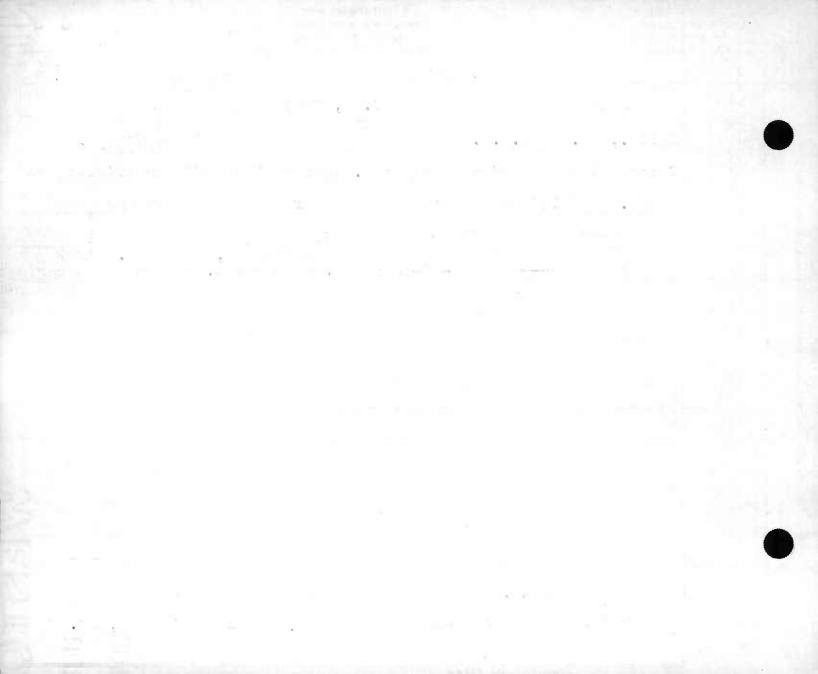
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3. SI	MALE	WHITE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) 69 YEARS	MONTHS DAYS HOURS MIN
33(6	BIRTHPLACE ISTATE OR FOREIGN COUNTRY)  ARYLAND  ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN  (IF NOT IN SUCH FACILITY, GIVE STREET,  GREATER BALTIN		BALTIMORE CITY OR COUNTY BALTIMORE CO	126. KIND OF BUSINESS OR
35 6	2 4 2 4 1	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	130. STREET ADDRESS BOX	622
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5//	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D LIF EITHER, NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH DA		RED (ENTER NATURE OF INJURY IN ITEM 18, P	ART I OR PART 2)
marked or Ite	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	218 PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, F	4 4 4 00	CITY OR TOWN	COUNTY STATE
n 21 isr	220.1 certify that ( this has	pital) ottended the deceased fram_	6-14-80 , 19, and that in (my) (our) apinion in		19 80 , that (IX(we) lost or and from the causes stated

TO FUNERAL DIRECTO should be detached for u with the State Dept. of h saw the deceased alive an abave, (1) (we) (did) (did not) view the body after death. and that in (my) (our) apinion death occurred on the date and hour and from the causes stated IMPORTANT: If Item 226. SIGNATURE 22c. DATE SIGNED DEGREE MEDICAL STAFF 6-14-80 ATTENDING PHYSICIAN 224. PHYSICIAN'S NAME (TYPE OR PRINT) 220 ADDRESS DR. TEH-CHING WANG 234. LOCATION 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 236. DATE STATE COUNTY

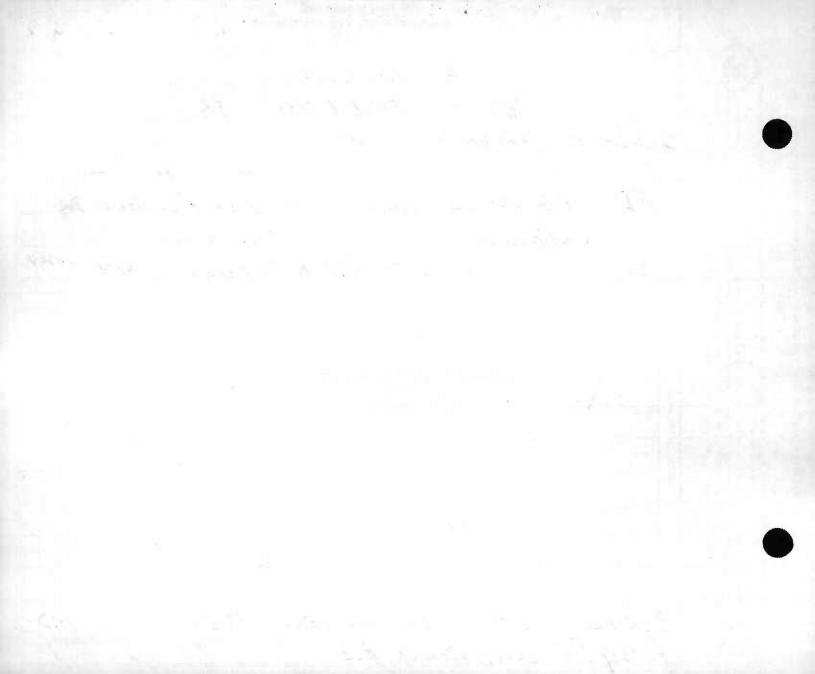
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(VRA 15, 4) 1/79

24 FUNERAL DIRECTOR

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TO HOSPITAL CATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after dearn. Page relationed by the hospital or attending physician.  TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral directs should be detached for use as the buriest transmit Then please remove completely Pages 1 and 2 should be filled within 72 hours with the State Dept of Health and Mental Hygiene prior to buriel, creamonian, ar removal.  IMPORTANT: If them 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical examiner must be notified at once.
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## FOR STATE PEGISTRAP

STATE OF MARYLAND			
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CERTIFICATE OF DEATH		050 110	

								REG. NO					
I. DECE	ASED NAME	FIRST		MIODLE	Ü	AST	2e. DATE	OF DEATH	нтиом	DAY Y	EAR	2h HOUR	?
		John	P.	<u>-</u>		ray, Sr.		ne 19,				12:3	
3 SEX			4 RACE		5. DATE O	DAY YEAR	6 AGE (IN	YEARS LAST BIRT	HDAY)	# UNDER	DAYS	IF UNDER 2 HOURS	4 HRS
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DHMH-16 20M (VRA 15, 4) 7/7B

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e th		REGISTRAR CEASED NAME FIRST OR PRINT; Stella		WIDOLE	LAST	REG. NO.  20. DATE OF DEATH MONTH DAY  June 26, 1980	YEAR 26. HOUR 6:30 AM		
oge 4 may	_	Female	White	Ap:	of Birth Fil 23, 1910	70 YRS. MON			
death. Po	C	RTHPLACE (STATE OR FOREIGN OUNTRY) Maryland ITY OR TOWN OF DEATH	U.S.A	WHAT COUNTRY?   8 MARRII WIDOW HOSPITAL, NURSING HOME		Baltimore County			
n by the fue e filed with		Owings Mills  ALRESIDENCE HE NURSING HOME OR	(15 NOTIN SH	ennington Cir	cle		12b. KIND OF BUSINESS OR INDUSTRY Bd. of Educat		
ND 21 24 hc 24 hc suid b	13a. S	Md. Balt	TY	Pwings Mills	13d. INSIDE CITY LIMITS?  YES NO A  15. MOTHER'S MAIDEN NA	79 Fennington	Circle		
ORE, MARYLA executed within and completely ages I and 2 sh			MED FORCES?	Griswold  Italian Social Security No.	Susan 17 INFORMANT	MIDDLE	aeffer		
TIMORE,  be execution and of the medical		YES, NO OR UNKNOWN) (IF YES, GIVE NO	WAR OR DATES)	220-18-1259		79 Fenningto Murray Owings Mills	on Circle s, Md.		
DS, 301 W. PRESTON ST., quires that the death certific signed by the attending phen please remove carbanp to burial, cremation, or remaining, ar other traumatic every	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, O	Cardiac  PR AS ACONSEQUENCE OF	tailur volerosis) Ustructure I NOT RELATED TO THE TERA	Pulmones Discussional Discussion Given	Menutes: Years Years		
AL RECORI	CERTIFICATION	19a. DATE OF OPERATION	19b. COND	DITION FOR WHICH OPERATION	DN WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WIN CERTIFYIN YES VES [	/ERE FINDINGS USED IG CAUSES OF DEATH?		
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R ATTENIA haspital RECTOR: hed for us pept. of He tem 21 is		22a.1 certify that (I) (this haspi sow the deceased glive on above, (I) (we) (did) (did no 22b. SIGNATURE	Care	-26 1980	and that in (my) (Que) opinion	deoth occurred on the date and hour or	, that (I) (we) last and from the couses stated		
TO HOSPITAL O retained by the TO FUNERAL DI should be detected with the Store DA IMPORTANT: If I		22d. PHYSICIAN'S NAME (TYPE O C. E. McWilli		leaned 1	ATTENDING PHYSICIAN 1	MEDICAL STAFF DIRECTOR PHYSICIAN PHY	6-26-80 erstown, Md.		
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FOR - STATE

REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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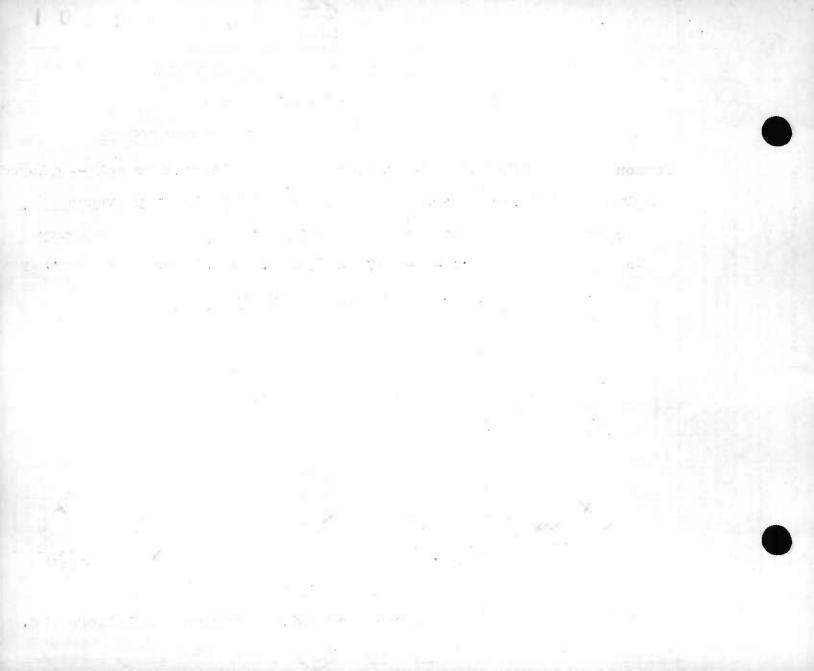
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omp		Robert	Ephrim	Nash		Jeannette			amm
es 1		VAS DECEASED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	16 SOCIAL SEC		17 INFORMANT	ADDRESS	212	234
n and Pages		no		212-05-	4812	Mitzi Geller	r 2514 Hillford		to MD
idan: The law requires that the death co cian.  Ticate has been signed by the attending insit permit. Then please remove carbon Hygiene prior to burial, cremation, or ren 18 shows any injury, or other traumat	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICAN  110 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING	T CONDITIONS CI	Melition FOR WHICH	DEATH BUT HOPERATIO MONOM	N WAS PERFORMED y Nesusitation	200 AUTOPSY? 206. IF YE	MI ES, WERE FINDIN IFYING CAUSES (ES []	GS USED
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111	Sp Code	=		SURIAL, CREMATION, REMOVA			NAME OF CEN	ETERY OR CREMATORY	23d. LOCA	TION	COUNTY &	SOCIATE
7	BP			Burial	6/17	/80 G:	ardens	of Faith	A OAS	riea B	altimor	
	DHMH-16 2	5M		INERAL DIRECTOR		ADDRESS				GISTRAR 25b. REG	A 200 CO. A	TURE"
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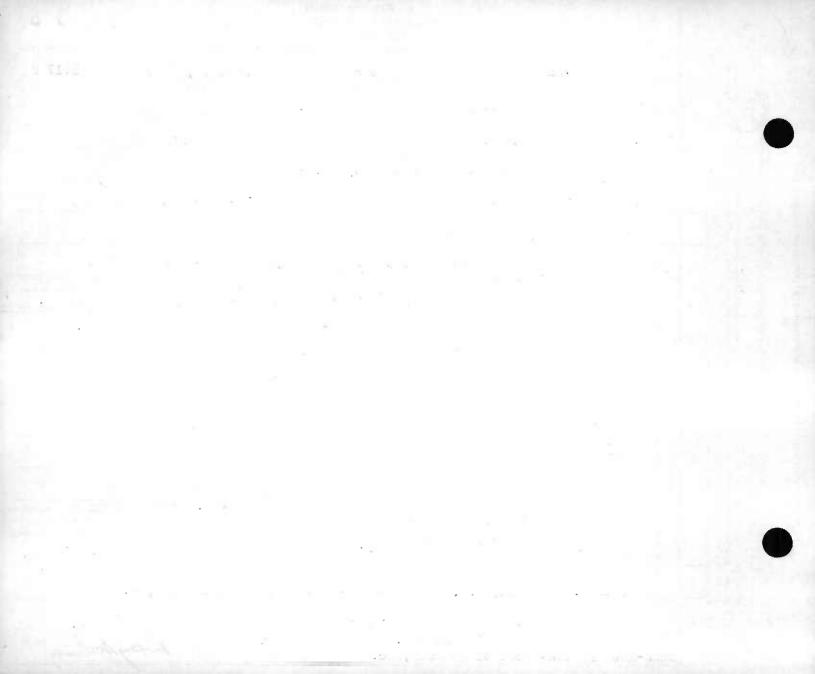
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO MIDDLE LAST 29 DATE OF DEATH MONTH I DECEASED NAME 26. HOUR (TYPE OR PRINT) Ida 3:17 Novak June 10, 1980 3. SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS YEAR White Female 26 1906 TO BIRTHPLACE (STATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** COUNTRY MARRIED NEVER MARRIED U.S.A. West Virginia WIDOWED X Baltimore County 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Towson Multi-Medical Nursing Home Housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13s. STATE 130. STREET ADDRESS 134 INSIDE CITY LIMITS? Baltimore 7509 Carroll Avenue Maryland Dundalk NO [X 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Jacob Warren Harriett Cunningham ADDRESS7721 Norbush Ave. 66 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) 214-12-4241 May Widner Balto. MD 21222 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic: 36000 5 DUE TO, OR AS A CONSEQUENCE OF if ony, which gove rise to immediate couse tot, stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION noul 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? none recen NON YES T NO [ 71a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 714 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 27a I certify that (I) (this hespital) attended the deceased from saw the deceased alive an\_ and that in (my) (Que) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DEGREE MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) should be Charles E. Ellicott, M.D. 1134 York Road Lutherville, Md. 21093 23a. BURIAL, CREMATION, REMOVAL 736 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) COUNTY STATE Gardens of Faith Burial 6/12/80 Baltimore Maryland 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 7922 Wises Ave. DHMH-16 20M (VRA 15, 4) 7/7B Duda-Ruck Funeral Home of Dundalk, Inc.



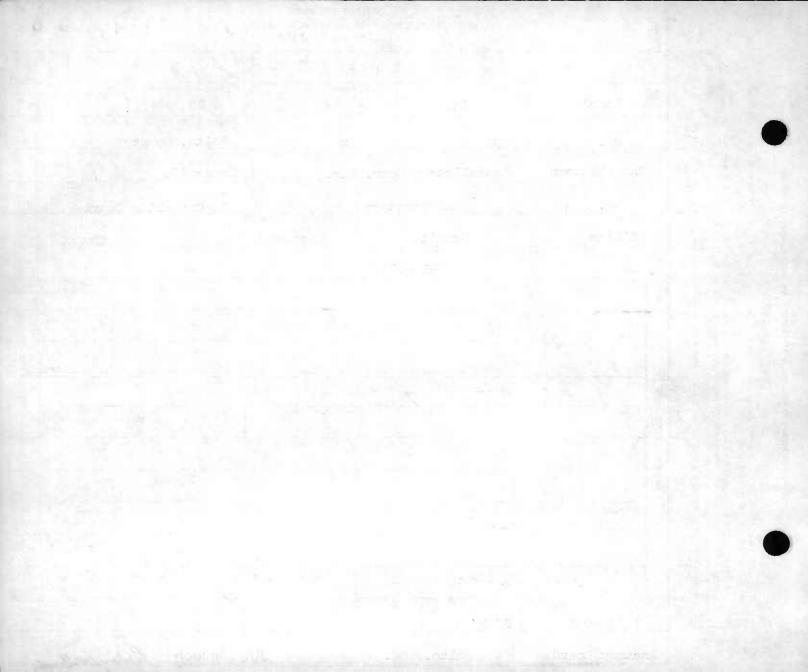
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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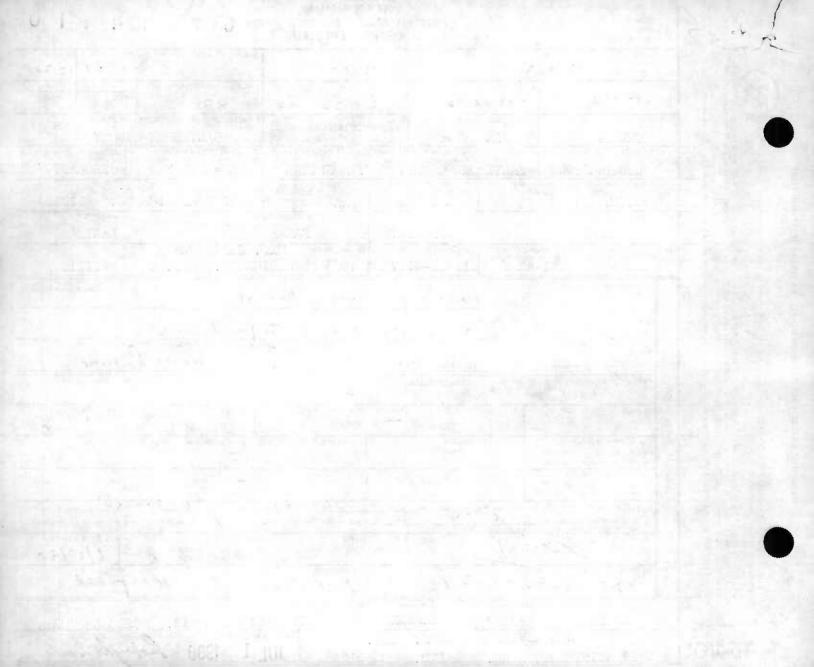
reissued 7/2 STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH 2b. HOUR (TYPE OR PRINT) FFUT 10 heresa A. di 9. 4 RACE 3 SEX 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER I YEAR MONTH YEAR HOURS Female White 11 9 99 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Md. WIDOWED DIVORCED F Balto. County 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Randallstown Randallstown Conv. Ctr. Housewife. BAITIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130. STATE 13b COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Pla Md. Reisterstown YES T NO 12 Carmelite Court 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE LAST William Schmitz Rosanna Thomas ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) No 220-18-7726 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line for ( ), (b), and ic PART I. DEATH WAS CAUSED BY: mellow ore co DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 nen co CERTIFICATION 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOP YES [ NO [ Hygie 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH latina MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 1te 211 LOCATION 20 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from. , that (I) (we) lost sow the deceased alive on\_ and that in (my) (aur) apinian death occurred an the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death DEGREE 22b. SIGNATURE \* ATTENDING PHYSICIAN PI DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (Type OR PRINT) e vs 22e ADDRESS should be with the With 230. BURIAL CRÉMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN STATE COUNTY (SPECIFY) Removal 6/21/80 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 1/75 ADDRESS (VRA 15(4)) Anatomy Board Balto., Md.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME a. DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-REULAH ESTEL OLIVER 4. RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED WHITE FEMALE 11/17/1901 1135 78 DEAD 70. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) GEORGIA U.S.A. BALTIMORE COUNTY WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY FOR MOST OF WORKING LIFE) DUNDALK 6717 WOODLEY RD. 21222 HOUSEWIFE , AND 3 TO . RETAIN P SHOULD BE RECORDS, USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) MARYLAND BALTO. 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS DUNDALK NO X 6717 WOODLEY RD. 21222 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE UNKNOWN LAST JOHN MARY McDUFFIE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES 258,56,0017A1 ELSIE L. ALLISON --- SAME AS 13e NO CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) IFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL YES [ 3 SHOULD BE 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR HOUR A.M. MONTH DAY YEAR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. PRIOR 21e. PLACE OF INJURY (ATHOME. 21d. INJURY OCCURRED If LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK STREET CITY OR TOWN COUNTY STATE DIRECTOR: 22a. I certify that I taak charge af the remains described above, held an Inspection L Autopsy. and in my apinian death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner EXECUTE PAGE 4 SHULTO FUNE RAL DI AFTER DEATH, 1 DATE MEDICAL EXAMINER SIGNED EXAMINER'S NAME J CROSSAN O'DONOVAN 23a.BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 234 LOCATION COUNTY STATE BURIAL 6/10/1980 OAK LAWN CEMETERY BALTIMORE MARYLAND 24. FUNERAL DIRECTOR **DHMH - 17** WALTER BROOKS BRADLEY, TNC., DUNDALK, MARYLAND VR A15 ME (5)) 15M 7/77

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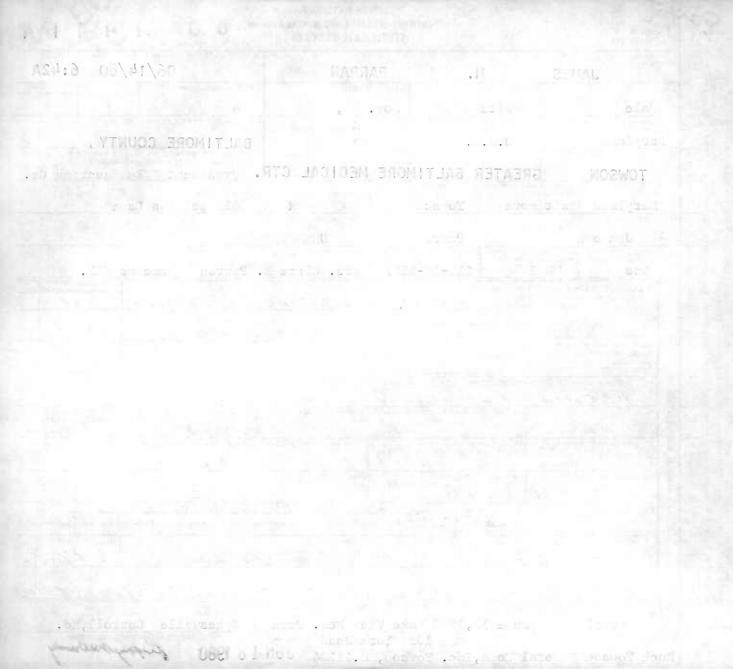
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO L DECEASED NAME MIDDLE 7s. DATE OF DEATH MONTH YEAR 26 HOUR LTYPE OR PRINT! JACOB OLSON: 29 2.307 4 RACE 3. SEX 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF LINGER LYEAR IF LINDER 24 HRS MONTH YEAR MALE CALLEACION 20 97 To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY BALTIMORE COUNTY RUSSIA USA WIDOWED DIVORCED [ IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR I'F NOT IN SUCH FACILITY, GIVE STREET ADDRESS! (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY RANDALLSTOWN BALTIMORE COUNTY GEN. HOSPITAL SELF=EMPLOYED USED AUTO/TRUCK USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI APT. D 13c CITY OR TOWN 130 STATE 136 COUNTY 136. INSIDE CITY LIMITS? 13e. STREET ADDRESS BALTIMORE 4003 FORDLEIGH RD. #21215 MARYLAND 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME EIRST MIDDLE SARAH MIDDLE LAKIN OLSHONSKY LIPA 60 WAS DECEASED EVER IN U.S. ARMED FORCES MRS. SARAH 409550N 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKHOWN)
YES I (IF YES, GIVE WAR OR DATES) 4003 FORDLEIGH RD., APT. D 219-22-4787A #21215 WWI-ARMY APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY candio-pulmonar IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Myocardial Julandon 2 6. Canditians, if any, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF Intractable consenive Hearn underlying cause last with PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO/K YES T 21a. ACCIDENT WAS UNDERLYING 715 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 216 INJURY OCCURRED 21s. PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK 6-24-220.1 certify that (1) (this haspital) attended the deceased fram\_ 40 saw the deceased alive on abave, (1) (we) (did) (did not) view the bady after death. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 72k SIGNATURE DEGREE 22 DATE SIGNED STAFF ATTENDING MEDICAL State DIRECTOR PHYSICIAN PHYSICIAN TO FUNERA should be det with the State 714 PHYSICIAN'S NAME (TIPE OF FRINT) 27e ADDRESS MPORT DR, BUDHIR. PATEL 23d LOCATION CITY OF TOWN 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY STATE (SPECIFY) BURIAL XBRXXXXXX BOBROISKER BENEFICIAL CIR. 6/30/80 ROSEDALE SOL LEVINSON & 25r. DATE REC'D. BY REGISTRAR 25h. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR BROS. INC. DHMH-16 25M (VRA 15, 4) 1/79 6010 REISTERSTOWN RD. BALTO MD 21215

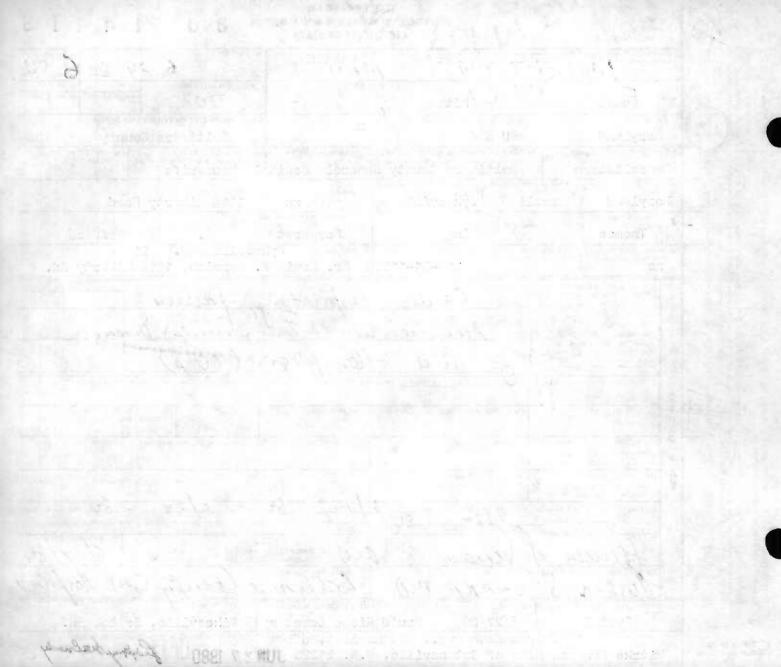


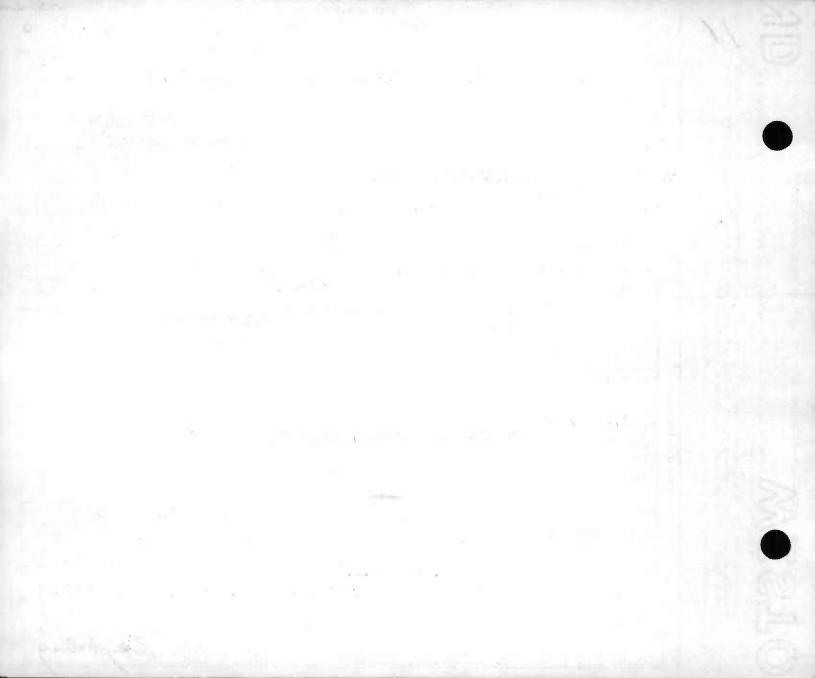
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						STATE OF MARYLAND		
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	OR A e has bired bept.	Her	1	278 SIGNATURE	0///	DEGREE		224 DATE SIGNED
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00	0 # 5 4 ¥	₹	23 a. B	BURIAL, CREMATION, REMOVAL		23c. NAME OF CEMETERY OR CREMATORY	The state of the s	Allen Allen
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Witzke Funeral Home of Catonsville, P.A. 21228

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(VRA 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAK					TEATE OF BEATTI	REG. NO	O.		
1. DECEASED NAME (TYPE OR PRINT)	ROBERT		EDWARD		ARSON	June 26, 1		DAY YEAR	26. HOUR 7;30 P
Male	4. F	White	В	5 DATE C	.30,1908 YEAR	6 AGE (IN YEARS LAST BIRT		#FUNDER I YEAR	HOURS MIN.
New York	V.Y.		SA	MARRIE WIDOWE	DEVER MARRIED DIVORCED	9. BALTIMORE CITY O Baltimor		Y OF DEATH	M
Reisters town of DE	n	(IF NOTIN SHE	araway "Ro	adss)	DR OTHER INSTITUTION	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O Retired N.		126 KIND C INDUSTRY Iter Der	of Business OR
USUAL RESIDENCE (IF NUI 130. STATE Md.	Balto	HER INSTITUTION,	GIVE RESIDENCE BEFORE 134 CITY OR TOWN Reisters	town	13d INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS.	ay Ro	ad	
4 FATHER'S NAME Edward	W.	OLE •	Pearson		15. MOTHER'S MAIDEN NA/	Carlso		LA	ST
YES NO OR UNKNOWN	R IN U.S. ARMEI		107-32-6		Mrs. Elsie V	. Pearson	7		
PART I. DEATH	WAS CAUSED B IMMEDIATE C	Y: CAUSE (a)	r as a conseque	ry M	etastases spread of	Carcinoma		1	week
	ing the e last	(c)	R AS A CONSEQUE		NOT RELATED TO THE TERM	Prostate  INAL DISEASE OR CONI	OITION GIV	/EN IN PART 1	a)
190 DATE OF OPERA	ATION	196 CONDI	TION FOR WHICH (	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDING CAUSES	
OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEATH CALEXAMINER)	P./	M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, F	PART I OR PART 2)	
WHILE NOT WAT WORK AT WORK	WHILE TO	21e. PLACE ( (AT HOME, STR	OF INJURY BEET, FACTORY, OFFICE, FA	ARM, ETC.]	21f LOCATION STREET	CITY OR TOV	/N	COUNTY	STATE
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226. SIGNATURE	-	SE	hosel	-	DEGREE  ATTENDING PHYSICIAN TO	MEDICAL STAI			SIGNED
22d PHYTICIAN'S N Martin					22e ADDRESS	r Road, Re		B 8/8 T	
230. BURIAL, CREMATION	, REMOVAL	236 DATE	23c N		EMETERY OR CREMATORY reen Memorial	23d LOCATION Finksbur			STATE

DHMH - 16 50M 7/77 (VR A 15 (4))

should be detached for use as the buriol-transit permit. Then please remove corbangope with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal

TO FUNERAL DIRECTOR: After this certificate has been signed by

24 FUNERAL DIRECTOR

Eliñe Funeral Home Reisterstown, Md. 21136

250, DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

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8728 Liberty Road, Randallstown, Md. 21133

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4 g 20 d	13a. U	UAL RESIDENC	E (Where decea	sed lived, if instit	tution: Residence befo	re 13c. CITY OR TOWN	13d. INSIDE CITY LIMITS		AND NUMBER	MILLE	TAILL
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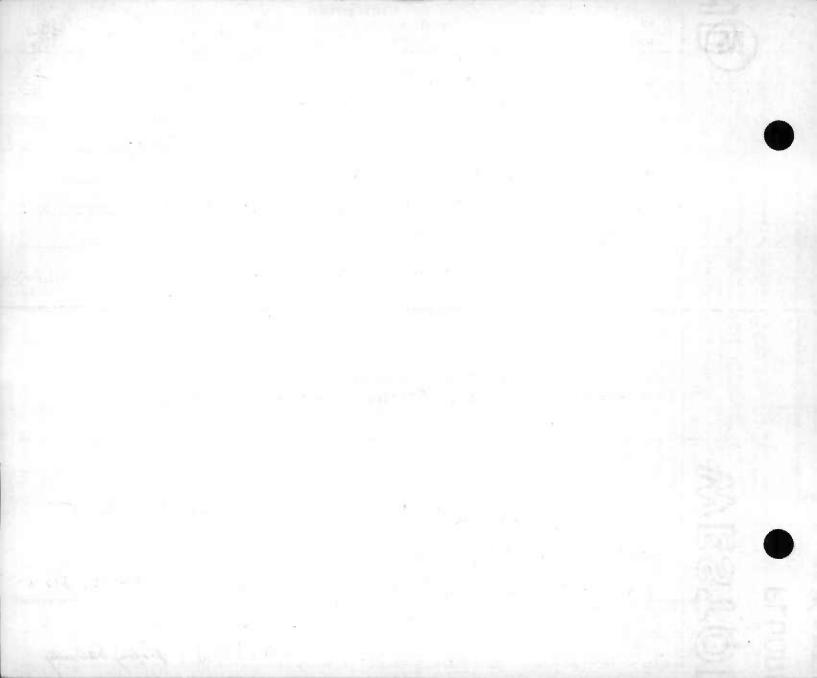
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-1	16a. V	VAS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? IVE WAR OR DATES)	166 SOCIAL SECT 212-05-		Mrs. Agne			Corbe	e <b>t</b> t Rd.
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MPORTAN		JB LIT	TLETON			
IMPORT	23a.	BURIAL, CREMATION, REMOVAL	1 736 DATE 236	NAME OF CEMETERY OR CREMATORY	236. LOCATION	
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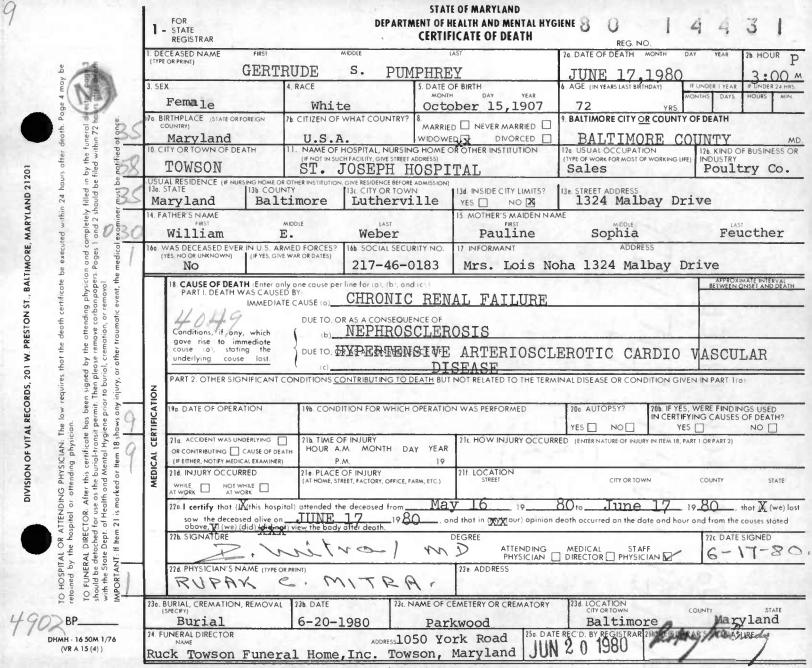
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2ª DATE OF DEATH MONTH DAY 2b. HOUR LAST 1. DECEASED NAME (TYPE OR PRINT) William Jennings Puhl Sr. IF UNDER I YEAR IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) 3 SEX DAYS HOURS. YEAR ONTHS 8-7-1900 Male White YRS BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland U.S.A. DIVORCED T Baltimore MX County WIDOWED 12h. KIND OF BUSINESS OR 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 128 USUAL OCCUPATION O CITY OR TOWN OF DEATH INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore 6807 Blenheim Rd. 21212 Pavroll Clerk B.G.&E USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS 13g. STATE 136 COUNTY 13c. CITY OR TOWN 134. INSIDE CITY LIMITS? Maryland Baltimore Baltimore 6807 Blenheim Rd 21212 NO X YES [ IS MOTHER'S MAIDEN NAME 4 FATHER'S NAME LAST MIDDLE LAST MIDDLE Puh1 Herman Margaret Hesse ADDRESS 17 INFORMANT 14b. SOCIAL SECURITY NO 68 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) 212-05-4883 Margaret K. Puhl 6807 Blenheim Rd 21212 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IQ OR AS A CONSEQUENCE OF DUE TO. Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A COMSEQUENCE OF underlying cause PART 2 OTHER-SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT CERTIFICATION 20b. IF YES, WERE FINDINGS USED 20g AUTOPSY? 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? ene NO I YES [ NO Item 18 use as the burial-transit p Health and Mental Hygi 718 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 PM 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) ENDING AT WORK AT WORK 22a. I certify that (1) (this hospital) attended the elecepsed fram\_ and that in (my) (out) opinion death occurred on the date and hour and from the causes stated the deceased plive on. above. (1) (we) (die) (did not) view the body after death 22c DATE SIGNED DEGREE THE SIGNATURE TO FUNERAL C should be detach with the State D ATTENDING MEDICAL MPORTANT PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS PHYSICIAN'S NAME (TYPE OR PRINT) 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 23s. BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN STATE (SPECIFY) 6-27-80 Burial Parkwood Parkville Baltimore Maruland 250 DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SENATUR 24 FUNERAL DIRECTOR **DHMH-16 25M** Mitchell-Wiedefeld Home 6500 york Rd 21212 (VRA 15, 4) 1/79

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the death certificate be

ATTENDING PHYSICIAN:

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5	3	(IF EITHER, NOTIFY MEDIC	AL EXAMINER)	Ρ.	м.	19						
Daylell	MEDICAL	WHILE NOT WAT WORK AT WORK	HILE [		OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	21f LOCATION	٧	CITY OR TO	NWO	COUNTY	STATE
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7		saw the decease	ed alive an	March	27 19-			our) apinion o	death occurred an the	date and h	aur and from the	e causes stated
		175 SIGNATURE	Old I (did ha	O O	differ death.		DEGREE ,				22c DAT	ESIGNED
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A	20	WILMER K							S & WILKENS	AVE	NULD, ZI	223
	23a. (	BURIAL, CREMATION, SPECIFY) RITE TAT.	REMOVAL	23b. DATE			CEMETERY OR CR		23d. LOCATION CITY OF TOWN SYKESVT	TTD	CARROTT.	STATE MARYTAN
		BURTAL.		110-119	lee XII II.	AKE V	I H.W. MH.M	PK.	I SYKESVI	1.1.1.	CARROLL	MARYLAI

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and or should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 with the State Oept. of Health and Mental Hygiene prior to burial, cremation, or removal.

14 FUNERAL DIRECTOR

NAME
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

256. DATE RECID. BY REGISTRAR 256. REGISTAR SIGNATURE

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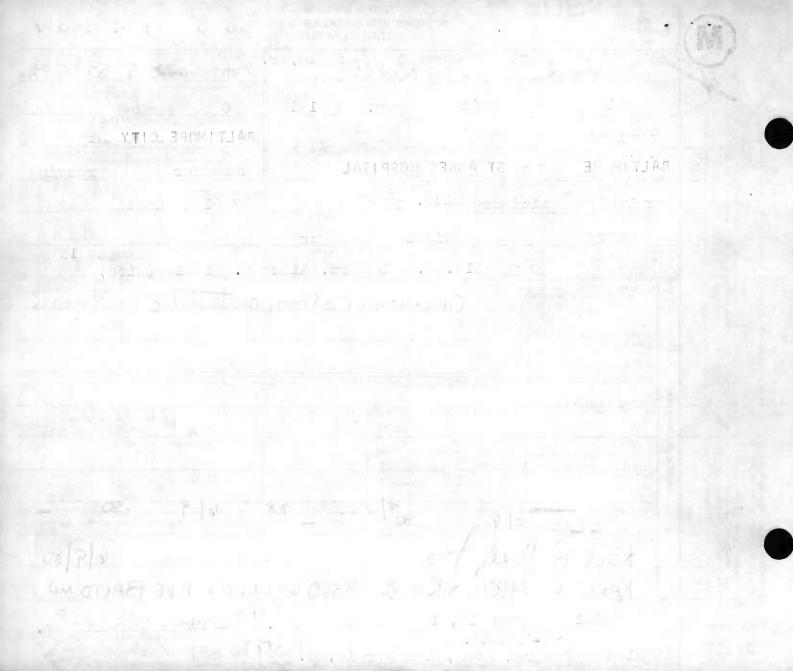
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RECORDS	faw re s beer srmit. I	,	CERTIFICATION	190 DATE OF OPERATION		***	PERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FIND	INGS USED
		Shows 2	Ħ						YES NO NO	IN CERTIFYING CAUSE	S OF DEATH?
VITA	P. Ω 9 .≥ .Q	8 G	CE.	21a. ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJUI		
P.	ICIAI 9 ph ertifi iol-tr		AL.	OR CONTRIBUTING CAUSE OF DE		MONTH DA	Y YEAR				
O N	3 PHYSICIAN: ittending physi er this certifical the burial-tron and Mental Hy	b o	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF	INJURY		21f LOCATION	CITY OR TON	VN COUNTY	STATE
DIVISION OF VITAL	atte atter t	rked	Σ	WHILE NOT WHILE AT WORK	(AI HOME, SIREEI	I, PACTORY, OFFICE, FA	KM, ETC.J	JAKET	CITTORTOV	COONII	SIAIE
۵	ENDING al ar o DR: After use as Health	Hem 21 is marked ar Item		220.1 certify that (1) (this hasp	ital) attended the a		MAY	19_78	. to JUNE	19.80	, that (I) (we) last
	Spite CTO I for	121		sow the deceased alive a above, (1) (we) (did) (did no	ti)view the body of	ter deoth.	<u>U</u> , on	d that in (my) (our) opinio	on death accurred on the de	ote and haur and from th	ne couses stated
	by the hasp by the hasp VERAL DIRECT to dedetached f	Herr		22b. SIGNATURE	In FAIL	1000		DEGREE			E SIGNED
	y the	±		Jay Gersy	enblith	, M.W.		ATTENDING PHYSICIAN	MEDICAL STAI	IAN - 6/2	5/80
	HOSPIT ned b FUNE old be	ATA I		22d PHYSICIAN'S NAME (TYPE	OR PRINT)	1		22e ADDRESS			
11	O HOSF etained TO FUNI should b	MPORTANT: IF		J. GERSTENBL	ITH, M.D.			900 S. CATO	ON AVENUE, 21	229	
40	455	5	23a. E	BURIAL, CREMATION, REMOVAL	23b. DATE	23t. N.	AME OF CI	METERY OR CREMATOR	23d LOCATION CITY OR TOWN	COUNTY	STATE
	BP	-		BURIAL	06-28-	80		LINCOLN	BRENTWOOD	P.G.	MD.
	DHMH - 16 50M 1/76	6		UNERAL DIRECTOR		ADDRESS		1247	ATE REC'D. BY REGISTRAR	/1 . /	
	(VR A 15 (4) )		H	UBBARD FUNERAL	HOME, INC	C. 4107	WILKE	NS AVE.   J	JN 27 1980	fristrays	- The state of the

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Ke			1-	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		1 4 4 3 6
	oy be ooge 3 death			CEASED NAME FIRST JOHN	RAYMOND	RICHTER	20. DATE OF DEATH MO	10 - 29 - 80 5-30 Am
	NOE - ACTION		3. SEX	MALE	4. RACE WHITE	5. DATE OF BIRTH	AR S AGE (IN YEARS LAST BIRTHD)	
	Of once	35	00	RTHPLACE (STATE OR FOREIGN  WARY LA NO	16 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIE	100000	County of DEATH  Ly County MD.
10	by the filed with		10 CI	VORTOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET THOMAS WILSO		TYPE OF WORK FOR MOST OF W	ORKING LIFE) INDUSTRY
AND 212	filled in nauld be	35	130 S	IRYLAND WE		NI A 104 INICIDE CITY LIAA	and the same of th	711 Union to Un Rd
MARYL	ond 2 sh	60	14. FA	1	MIDDLE RICLITE		RY MIDDLE	Stater
IIMORE,	on and con. Poges 1	2		AS DECEASED EVER IN U.S. AR ES, NO ORUNKNOWN) (IF YES, GIVE ME NOWN)		00- 1	west. rie Warner 711 U	
DS, 201 W. PRESTON ST., B	equires that the death certifical is signed by the attending phy Then please remove carbongo traburial, cremation, or removingiv, or other traumatic event		NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEOU	ENCE OF	E TERMINAL DISEASE OR CONDIT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  ON GIVEN IN PART 1(0)
AI RECORDS,	on. hos beer permit. ene prior	2	CERTIFICATION	19a DATE OF OPERATION	. 196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		Ob. IF YES, WERE FINDINGS USED SECRIFYING CAUSES OF DEATH?  YES NO NO
DIVISION OF VITAL	HYSICIAN: TI nding physici procertificate buriol-transis Mental Hygi or flem 18 sh	-7	MEDICAL CER	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19 211 LOCATION	OCCURRED (ENTER NATURE OF INJURY IN	
DIVIS	or offending p After this cert se os the buriot- colth and Menta marked or Item		W	WHILE AT WORK AT WORK  220.1 certify that (1) (this hospi	(AT HOME, STREET, FACTORY, OFFICE, I	3-31 - 19-	80 to 6 - 29	COUNTY STATE
0	OR ATTEN he hospital DIRECTOR ached for u Dept. of He				ital) ettended the deceased from 19 cut with the body after death.	DEGREE		and hour and from the causes stated
	HOSPITAL  ained by the  FUNERAL  ould be det  th the State	1		224 PHYSICIAN SAME TYPE O		22e. ADDRESS T	HOMAS WILSON HO	
	BP		23e. B	urial, cremation, removal Burial	July 2, 1980 W	NAME OF CEMETERY OR CREMA estminster Ceme	tory 23d Location city or town Westminst	er Carroll Maryland
D	OHMH - 16 50M 7/77 (VR A 15 (4))		24 FL	NERAL DIRECTOR NAME D. Attch	254 East Marks	t.	So. DATE REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNATURE

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		A Santa		



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH MONTH 1. DECEASED NAME 26 HOUR (TYPE OR PRINT) Cecilia Rigney 6:58 5. DATE OF BIRTH 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HPS 3. SEX HOURS F WONTH 185 W BALTIMORE CITY OR COUNTY OF DEATH Ja BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY IISA MD. Baltimore WIDOWEDER DIVORCED IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 126. KIND OF BUSINESS OR St. Joseph S Nursing (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Catonsville housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? MD. Baltimore NOT 1002 Pine Heights Avenue 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST John 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT Tugwell (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-01-025 St. Joseph's Catonsville, no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause perfine for (a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE & Canditions, if any, which gove rise to immediate couse (a), stating the CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNAFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 161 CERTIFICATION 0 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20a AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? NO YES [ NO T 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 216 TIME OF INTURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE 220.1 certify that (I) (this hospital) attended the deceased from saw the deceased alive on\_ ... and that in (my) (aur) opinion death accurred on the date and have and fram the causes stated abave, (1) (we) (did) (did nat) view the bady atterdeath DIREC DEGREE 22c. DATE SIGNED ATTENDING MEDICAL MEDICAL STAFF PHYSICIAN 22e ADDRES 224 PHYSICIAN'S AME THE CREWN IMPORT/ 中中 23a. BURIAL, CREMATION, REMOVAL 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE BP. 250. DATEREC'D. BY REGISTRARISE WEST ARES STATES 24 FUNERAL DIRECTOR DHMH-16 50M 7/77 (VR A 15 (4))

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	1.	STATE REGISTRAR			OFHEALTH AND MENTAL H RTIFICATE OF DEATH	YGIENE REG. NO	).	य य	3
		CEASED NAME FIRE	ST MIDDLE	E	LAST		MONTH DAY	YEAR	26. HOUR
0*10	(,,,,,	RAYMOND		-ROBINS	NC		6- 8-	-80	11:0
/	3. SE	X	4 RACE		ATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	HDAY) IF UP	NDER I YEAR	IF UNDER 24 HRS
100	9	MALE	WHITE		5- 25- 12	68	YRS.	HS DAYS	HOURS MIN
a a	7a. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	T COUNTRY?		9 BALTIMORE CITY OF		DEATH	
=75	1	Penna	U.S.A.		ARRIED W NEVER MARRIED [		E COUN	TY	
56	10 C	Towson	(IF NOT IN SUCH FAC	PITAL, NURSING HO	ME OR OTHER INSTITUTION	12a. USUAL OCCUPATIO	I NC	26. KIND OF NDUSTRY	Store
35	130	AL RESIDENCE (IF NURSING H STATE aryland	OME OR OTHER INSTITUTION, GIVE COUNTY	residence before admis CITY OR TOWN BITIMORE	134 INSIDE CITY LIMITS?	130 STREET ADDRESS 732 Richwo	ood Ave		
N.	14. F/	ATHER'S NAME	MIDDLE Robins	LAST	15 MOTHER'S MAIDEN P			LAST	
3000 2000	16a V	WAS DECEASED EVER IN U. YES, NO OR UNKNOWN) (# Y YES	S. ARMED FORCES? 166	SOCIAL SECURITY N		ADDRES		Same	
stic event		PART I. DEATH WAS C	iter only one cause per line AUSED BY: EDIATE CAUSE (a)	for (a), (b), and ici.	ON PNEUNONIA	Α		MINU.	TE (
other traum		Conditions, if any, whi	ch ( (b) C	A CONSEQUENCE AVITATION	of Unknown if IG LESION, R	tuberculous  LUNG		5 MOI	NTHS
y, or ot		cause (a), stating to underlying cause la	he DUE TO, OR AS	A CONSEQUENCE	OF				
ny injury, or ot	NO	cause (0), stating to underlying cause lo PART 2 OTHER SIGNIFIC	DUE TO, OR AS  (c)  ANT CONDITIONS CONTE	RIBUTING TO DEATH	BUT NOT RELATED TO THE TE		DITION GIVEN I	IN PART I (a)	1
shows any injury, or	RIFICATION	cause (0), stating to underlying cause lo PART 2 OTHER SIGNIFIC	the DUE TO, OR AS  (c)  ANT CONDITIONS CONTR  CART. T	RIBUTING TO DEATH			206. IF YES, WE IN CERTIFYING	ERE FINDING	GS USED
949	CAL CERTIFICATION	cause (o), stating to underlying cause la PART 2 OTHER SIGNIFIC.	ANT CONDITIONS CONTE  S CA RT T  196 CONDITION  NG THE CONDITION HOUR A.M.	RIBUTING TO DEATH	BUT NOT RELATED TO THE TE 7 YRS AGO; C ATION WAS PERFORMED	IRRHOSIS 20a AUTOPSY?	206. IF YES, WE IN CERTIFYING YES	ERE FINDING G CAUSES (	GS USED OF DEATH?
shows any injury, or	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFIC  SOUAMU  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYIL  OR CONTRIBUTING CAUSE	DUE TO, OR AS  ANT CONDITIONS CONTE  S CA RT T  196 CONDITION  OF DEATH MINER)  216 PLACE OF IN	RIBUTING TO DEATH ONSIL, TO SEATH ONSIL, TO SEATH NEOR WHICH OPER JURY MONTH DAY Y	PRS AGO; C ATION WAS PERFORMED  21c. HOW INJURY OCCI	PRRHOSIS  200 AUTOPSY?  YES NO  URRED (ENTER NATURE OF INJURY)  CITY OR TOWN	20b. IF YES, WE IN CERTIFYING YES YES YES IN TERM 18, PART 1	ERE FINDING G CAUSES ( ] OR PART 2)	GS USED OF DEATH?
:1 is marked or Item 18 shows any injury, or		PART 2 OTHER SIGNIFIC  SOUAMU  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER, NOTHEY MEDICAL EXA  21d. INJURY OCCURRED WHILE AT WORK  22a I certify that XI (this	DUE TO, OR AS  (c)  ANT CONDITIONS CONTR  S CA RT. T  196 CONDITION  NG	ONSIL ON OPER  JURY  ACTORY, OFFICE, FARM, ET	PRS AGO; C ATION WAS PERFORMED  21c. HOW INJURY OCCI	PRRHOSIS    200 AUTOPSY?   YES   NO     URRED (ENTER NATURE OF INJURY)   CITY OR TOWN	20b. IF YES, WE IN CERTIFYING YES TO YIN ITEM 18, PART 1	ERE FINDING G CAUSES ()  OR PART 2)  COUNTY	GS USED OF DEATH? NO STATE
il is marked or Item 18 shows any injury, or		PART 2 OTHER SIGNIFIC  SOUAMU  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYIF OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a I certify that (I) (this sow the deceased oil obove 11 we) (did) (e	DUE TO, OR AS  (c)  ANT CONDITIONS CONTE  S CA RT T  196 CONDITION  OF DEATH MINER)  216. PLACE OF IN (AT HOME, STREET, F.  hospital) attended the de- ve on  AND OF View the body after	ONSIL ON OPER  JURY  ACTORY, OFFICE, FARM, ET	EAR  21c. HOW INJURY OCCI  STREET  DEGREE  ATTENDING  PHYSICIAN	PRRHOSIS    200 AUTOPSY?   YES   NO     URRED (ENTER NATURE OF INJURY  CITY OR TOWN  10 6/08  On death occurred on the do	20b. IF YES, WE IN CERTIFY INV YES	ERE FINDING G CAUSES ()  OR PART 2)  COUNTY	GS USED OF DEATH? NO STATE
is marked or Item 18 shows any injury, or		Cause 101, stating to underlying cause la PART 2 OTHER SIGNIFIC  SOUAMU  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTHY MEDICAL EXA TWORK NOTHY MEDICAL EXA TWORK NOTHY MEDICAL EXA SOW the deceased oil obove 11 web) (did) (c. 276. SIGNATUSE 122d. PHYSICIAN'S NAME (c. 22d. PHYSICIAN'S N	DUE TO, OR AS  (c)  ANT CONDITIONS CONTE  S CA RT T  196 CONDITION  OF DEATH MINER)  216. PLACE OF IN (AT HOME, STREET, F.  hospital) attended the de- ve on  AND OF View the body after	DNSIL,  NFOR WHICH OPER  JURY MONTH DAY Y  NJURY ACTORY, OFFICE, FARM, ET  Ceosed from 19 80 death.	EAR 19 211. LOCATION 5TREET 210. ATTOM (our) opinion DEGREE 211. ATTOM (our) opinion ATTOM (our) opinion DEGREE	PRRHOSIS    200 AUTOPSY?   YES   NO     URRED (ENTER NATURE OF INJURY  CITY OR TOWN  To 6/08  On death occurred on the do    MEDICAL   STAFF   DIRECTOR   PHYSICI    TOWSON, Mar	20b. IF YES, WE IN CERTIFY INC YES TO YIN ITEM 18, PART 1  N CO	ERE FINDING G CAUSES ()  OR PART 2)  COUNTY  d from the co	GS USED OF DEATH? NO STATE
:1 is marked or Item 18 shows any injury, or	WEDICAL MEDICAL	Cause 101, stating to underlying cause la PART 2 OTHER SIGNIFIC  SOUAMU  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTHY MEDICAL EXA TWORK NOTHY MEDICAL EXA TWORK NOTHY MEDICAL EXA SOW the deceased oil obove 11 web) (did) (c. 276. SIGNATUSE 122d. PHYSICIAN'S NAME (c. 22d. PHYSICIAN'S N	DUE TO, OR AS  IC)  ANT CONDITIONS CONTR  S CA RT T  I 196 CONDITION  OF DEATH HOUR A.M. P.M.  21e. PLACE OF IN (AT HOME, STREET, F.)  hospital) attended the decive on  MANOT) view the body after  ITYPE OR PRINT)  IBLUM, M. D.	NEOR WHICH OPER  JURY MONTH DAY Y  ACTORY, OFFICE, FARM, ET  18 19 19 19	EAR  21c. HOW INJURY OCCI  STREET  DEGREE  ATTENDING  PHYSICIAN  22e ADDRESS	PRRHOSIS    200 AUTOPSY?   YES	20b. IF YES, WE IN CERTIFY INC YES TO YIN ITEM 18, PART 1  N CO	COUNTY  OR PART 2)  COUNTY  Of from the county  22c. DATE S	GS USED OF DEATH? NO STATE

LITIMORE COUNTY

11:00

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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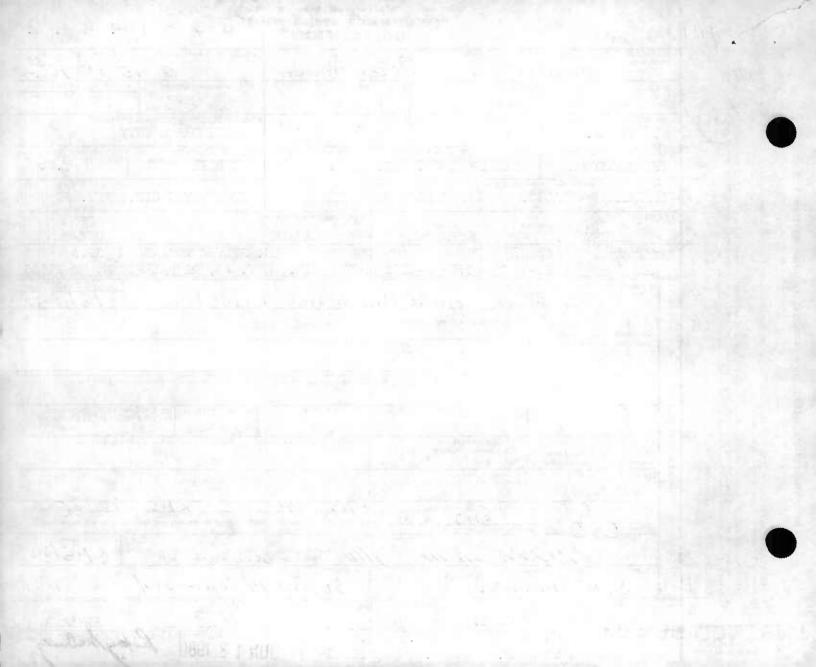
Home. Inc.

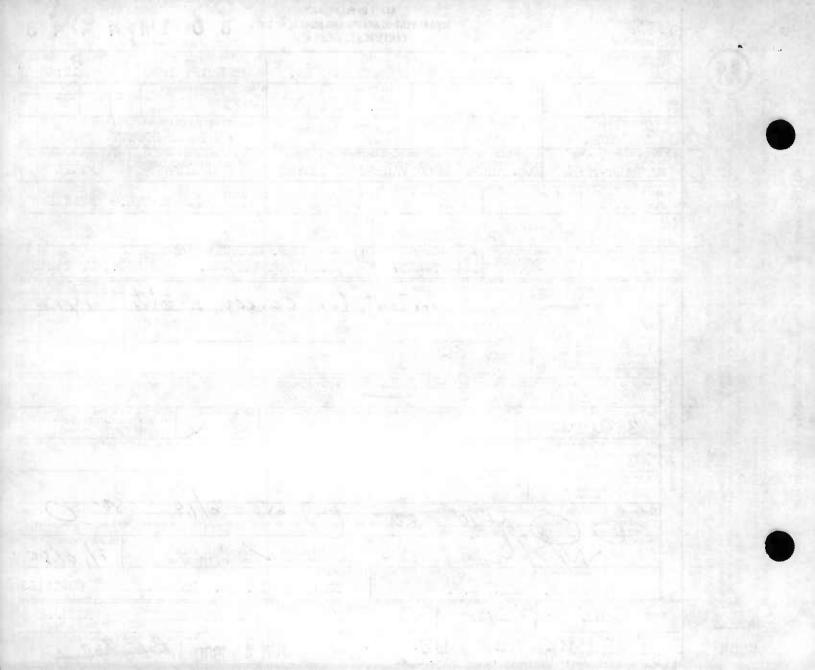
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	I	tem 6 g545 7,633/	/80 gj	STATE OF MARYLAND				
	1	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 0	146	141	
1		CEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR	2b. HOUR	
5 GM	CIMP	RODEHE	AVER , I	RMA M	6 1 8	30	1 53	
M.	3. SE	FEMALE	4 RACE	DATE OF BIRTH	AGE (IN YEARS LAST BIRT	MONTHS DAYS		
186		IRTHPLACE (STATE OR FOREIGN	TO CITIZEN OF WHAT COUNTRY?	* MARRIED   NEVER MARRIED   WIDOWED	BALTO (	R COUNTY OF DEATH	M	
of the state of th	10 C	BALTO DE DEATH	11. NAME OF HOSPITAL, NURSING INF HOT IN SUCH FACILITY, GIVE STREET GREATER BALTO	ADDRESS) MED CENTER	124 USUAL OCCUPATION OF WORK FOR MOST O	ON 126 KIND INDUSTRY	OF BUSINESS OR	
y filled in ould be filled amine mi	USU 13a	STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)  (N 136. INSIDE CITY LIMITS?  YES NO	130 STREET ADDRESS	LERVEEN RU	>	
nd 2 sh nd 2 sh ical ex	14 F.	ATHER'S NAME FIRST JOHN	S. NEUROW	15 MOTHER'S MAIDEN NA	WE	U	AST	
ages the n	160 \	WAS DECEASED EVER IN U.S. ARA YES, NO SHUNKNOWNI (# YES, GIVE	WAR OR DATES)	HITY NO 17 INFORMANT FAMILY	N REGERTS	SS		
been signed by the attending physicia. In. Then please remove carbon papers. In. Then please remove carbon papers. Is any injury, or other traumatic event.	NO	Canditions, if any, which gove rise to immediate cause Ia1, stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CO	over ise to immediate use (a), stating the DUFTO ORAS A CONSEQUENCE OF					
ital or attending physician. CTOR: After this certificate has or use as the burial-transit permi of Health and Mental Hygiene pm 21 is marked or Item 18 show	TIFICATI	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	200. IF YES, WERE FINDI IN CERTIFYING CAUSE: YES	INGS USED S OF DEATH?	
		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH D.	AY YEAR	RED (ENTER NATURE OF INJUR	LY IN ITEM 18, PART 1 OR PART 2)		
	MEDI	21d INJURY OCCURRED  WHILE ONT WHILE OF AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC   211 LOCATION STREET	CITY OR TOW	N COUNTY	STATE	
		27a.1 certify that (1) (this haspital) attended the deceased from 222.1980., to 61, 1980, that (1) (we) lost saw the deceased alive on 61, 1980., and that in (my) (our) opinion death occurred on the date and haur and from the causes stated above, (1) (we) (did) (did not) view the body after death.						
ERAL DIRE e detached for State Dept. ANT: If Itel		226. SIGNATURE Ares	1 Ryo.	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAF	F	E SIGNED	
should be with the Si		22d PHYSICIAN'S NAME (TYPE OR	FARID	6701 N C	HARLES ST	BALTO 21	204	
F & 3 E	23a (	BURIAL CREMATION, REMOVAL	236 DATE 5/1 5/1	NAME OF CEMETERY OR CREMATORY	SHIM NOTE		W. V.	
MH-16 25M A 15, 4) 1/79	24 FI	INERAL DIRECTOR	1 / 4 poil / 886	& HARTORD RP 350 DAT	JN 6 1980	256. REGISTRAP'S SICH	Bussy	

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	1				OF MARYLAND			7.48
.10	1	FOR STATE REGISTRAR	CERTIFICATE OF DEATH  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8  REG. NO. 1 4 4 2					
lay be 3 death	1. D (TYI	ECEASED NAME FIRST FOR PRINTI	MIDDLE	2	NBAUM	2a. DATE OF DEATH	MONTH DAY YEA	77
age 4 ma	3. S	MALE	RACE WHITE	S DATE C		6. AGE (IN YEARS LAST BIRT		FEAR IF UNDER 24 HRS AYS HOURS MIN
death. P	1	PENNA.	USA	WIDOWE		BALT IMORE CITY O	COUNTY OF DEATH	H MD.
hours after in by the freshed within		RANDALLSTOWN	1. NAME OF HOSPITAL, NURS			120 USUAL OCCUPATE (TYPE OF WORK FOR WOST O		TRY T.V.
within 24 hc tely filled in should be fill	130.	AL RESIDENCE (# NURSING HOME OR O STATE MARYLAND BALTI	OTHER INSTITUTION, GIVE RESIDENCE BEF		134 INSTRECTTY LIMITS?	13. 3963°CR68E		
cuted with		HARRY	ROSENBA		IS. MOTHER'S MAIDEN NAME FIRST HANNAH	WIDDLE	U	21153 INKNOWN
ficate be exer			NED FORCES? 146 SOCIAL SEC WAR OR DATES! 187-03		NOYES CIR., A	S. SYLVIA <sup>O</sup> RC PT. #3, RAN	DALLSTOWN,	MD 21133  MO 21133  MO 21133
v requires that the death ce in signed by the attending p hen please remove carbon i to burial, cremation, or re ny injury, or other traumati	NO	Canditions, if any, which gave rise to immediate cause ial, stating the underlying cause last	DUE TO, OR AS A CONSEO  (b)  DUE TO, OR AS A CONSEO  (c)	UENCE OF	NOT RELATED TO THE TERM	0		Thoms
V: The lav	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAU YES	NDINGS USED USES OF DEATH?
HYSICIAN I physician. is certificat rial-transit phental Hygis or Item 18	MEDICAL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART	21
DING PH ttending After thi s the bur th and M marked o		216. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21R PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N COUNTY	STATE
L OH ATTEN E hospital or a DIRECTOR: ched for use a Dept. of Heal		22a I certify that (1) this haspita saw the decease alive an above (1) (we) (did) (did not) 22b. SIGNATURE		80 , on	d that in (my) (aur) apinion of DEGREE	death accurred on the do	22c. D.	ATE SIGNED,
TD HOSPITAL retained by the I TD FUNERAL should be detach with the State D IMPORTANT: I		22d PHYSICIAN'S NAME (TYPEORY) S. H. MIK			PHYSICIAN L	DIRECTOR PHYSIC		115/180
BP	230	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	JUNE 17,1980	BNAT	EMETERY OR CREMATORY  ISRAEL	23d. LOCATION CITY OF TOWN BALT IMOR	RE COUNTY	ARYLAND
DHMH-16 25M (VRA 15, 4) 1/79		UNERAL DIRECTOR SOL 6010 REISTERSTOW	LEVINSON & BRO	S., INC	25e. DATE	EREC'D. BY REGISTRAR UN 1 8 1980	256. REGIS RAL'S SIG	DeCredy





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	FOR - STATE REGISTRAR		STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0 1 4	4 4 7
	1. DECEASED NAME FIR		LAST	20. DATE OF DEATH MONTH DAY Y	EAR 2b. HOUR
A Pe		MARY AGNES SO	CHAFFER	JUNE 22,1980	6:00
E (M)	3. SEX	4 RACE	5 DATE OF BIRTH MONTH DAY YEAR	& AGE (IN YEARS LAST BIRTHDAY)  IF UNDER	DAYS HOURS MIN
age ,	Female	Caucasian	Sept. 29,1883	96 YRS.	
death. P	To. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	76 CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED WIDOWED DIVORCED		
by the furned within	Towson	(IF NOT IN SUCH FACILITY, GIVE STI	SING HOME OR OTHER INSTITUTION	12th USUAL OCCUPATION 12th K	IND OF BUSINESS C
y filled in outd be fill	USUAL RESIDENCE (IF NURSING H 130. STATE Maryland	THE OR OTHER INSTITUTION, GIVE RESIDENCE BE COUNTY 134. CITY OR TO BALTIMO	FORE ADMISSION)  DWN  136 INSIDE CITY LIMITS?  YES A NO	13. SIREET ADDRESS 5908 Wilmary Lane	
npletel nd 2 sh	Alvin Knott	Dinsmore LAST	is mother's maiden n  Mary Elle		LAST
be execu	160 WAS DECEASED EVER IN U (YES, NO OR UNKNOWN) (16 Y	S GIVE WAR OR DATES!	CURITY NO. 17 INFORMANT -8108 D Mrs. Mary S	• McManus Same	
: The law requires that the death certificate that she has been signed by the attending physicial permit. Then please remove carbon papers. Ene prior to burial, cremation, or removal. shows any injury, or other traumatic event.	Conditions, if any, whi gove rise to immedia cause 101, stating a underlying cause to PART 2 OTHER SIGNIFAT 190 DATE OF/OPERATION 210, ACCIDENT AND LESS 190 DATE OF OPERATION 100 DATE OF OPERATION 1	DUE TO, OR AS A CONSECTION OF THE CONTRIBUTING TO THE CONTRIBUTION OF THE CONTRIBUTION		RMINAL DISPASE OR CONDITION GIVEN IN PARTIES OF AUTOPSY?  100 AUTOPSY?  100 IF YES, WERE IN CERTIFYING CA	under-
DING PHYSICIAN: The trending physician.  After this certificate has the burial-transit perm it and Mental Hygene thand Mental Hygene marked or Item 18 sho	210. ACCIDENT AND ENTRY OR CONTRIBUTING CALLE (# EITHER, NOT AND ADDITIONAL	HOUR A.M. ADNITH MINER) P.M.  21e PLACE OF INJURY	Y YEAR 19 21F LOCATION STREET	JRRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART	ART 2)
e hospital or att e hospital or att DIRECTOR: ≠ ched for use as Dept. of Health If Item 21 is m	220 I certify that It (this	hospital ottended the decoased from		n death occurred on the date and hour and fra	
TO HOSPITAL retained by the h TO FUNERAL D should be detach with the State D IMPORTANT: II	22d. PHYSICIAN'S NAME	Janoski, M.D.	22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	121/50
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BP	230. BURIAL, CREMATION, REM (SPECIEY) Burial	June 25,1980	Loudon Park	Baltimore City. Ma	ryland,
DHMH-16 25M	24 FUNERAL DIRECTOR	ADDRESS	6500 York Rd. 250. DA	TERETO BERNOSOR 256. HELLETTERE SAME	SNATHRE
(VRA 15, 4) 1/79	Mitchell-Wiede	feld Home, Inc.	Baltimore, Md.		/

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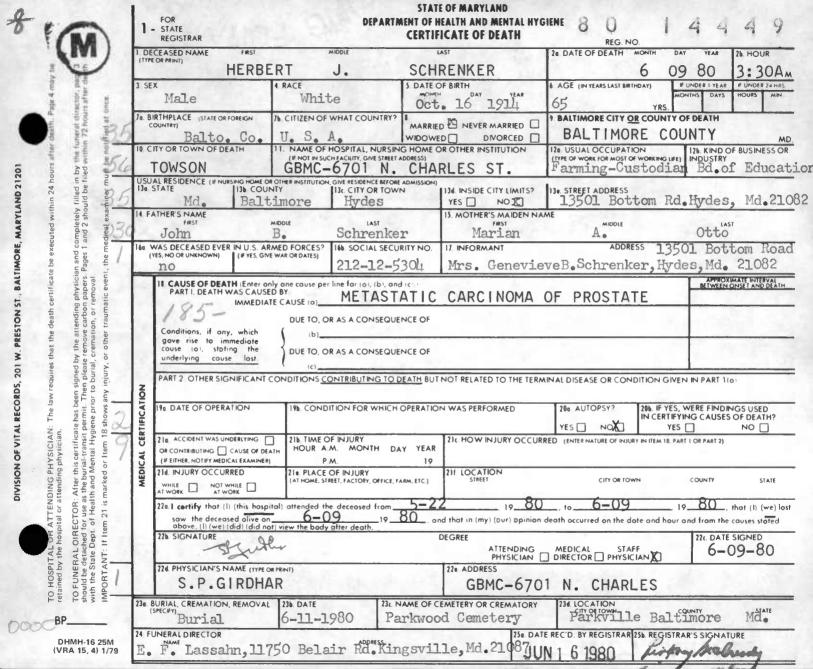
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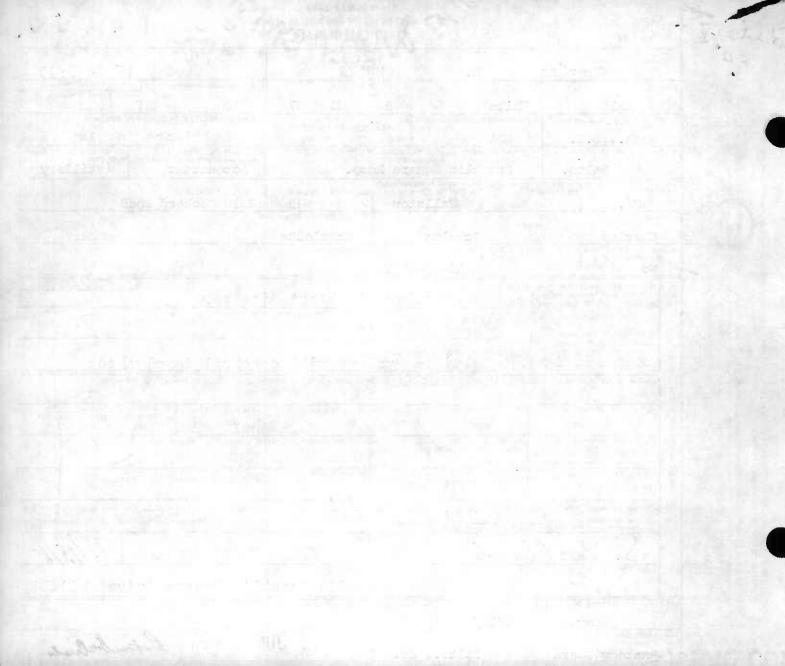
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(VRA 15, 4) 1/79

Anatomy Board



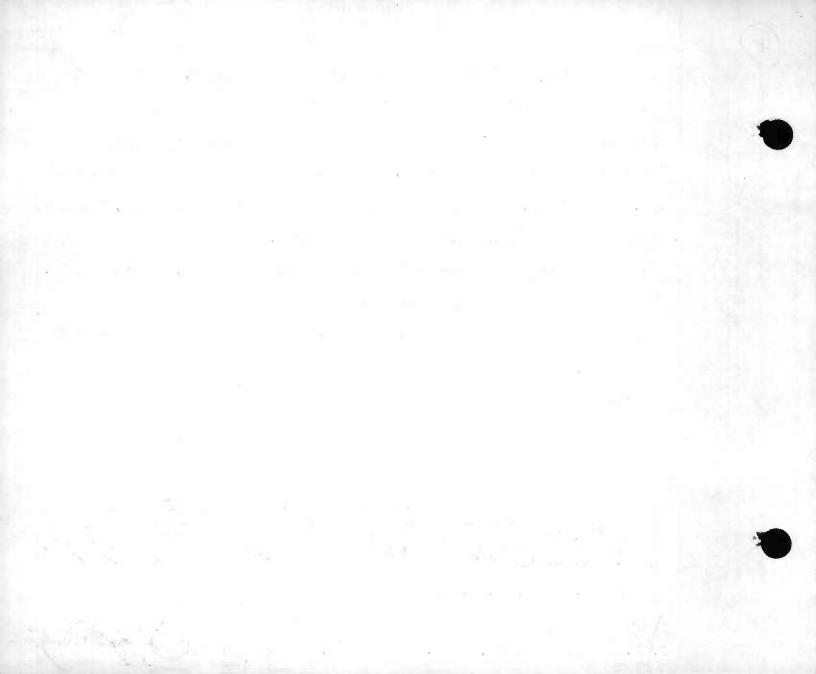
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ge 4 ector, s afte		Female		Whi	te	Nov.	14, 1914	65	YRS.	DAYS	HOURS MIN.
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te be ex and and . Pages		VES, NO OR UNKNOWN)			215 10	9544	Ludwig E.	Schuster			MATE INTERVAL ONSET AND DEATH
aw requires that the death cert een signed by the attending ph Then please remove carbon pa or to burial, cremation, or rem any injury, or other traumatio	NOI	Conditions, if only gove rise to immove ital, statiunderlying cause	, which mediate ng the e lost	DUE TO, O  (b) 1  DUE TO, O  (c)	R AS A CONSEQUE MASSIVE C	NCE OF VA, SO	everal yrs. S	Erythematos	LS	N IN PART 10	01
The has been been been prince one prince shows	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20h. IF YES, YES		NGS USED OF DEATH? NO
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DING PE trending After this s the buri th and M marked o	MEDICAL	21d. INJURY OCCUR WHILE NOT W AT WORK AT WO	THILE	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC. J	211. LOCATION STREET	CITY OR TOV	<b>VN</b>	COUNTY	STATE
ATTEN bital or a bital or a for use a for use a of Heal		220.1 certify that (1) sow the deceos above, (1) (we) (					/23 , 19 8 d that in (my) (our) opinion	0, to $6/17$ death occurred on the de			that (1) (we) lost causes stated
TAL OH AT the hospital AAL DIRECT Retached for inte Dept. of NT: If Item?	4	226 SIGNATURE	n F	ara	11		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	F IAN []	6/1	SIGNED 8/80
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Ø.,	7a B	IRTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTR	Y? 8. MARRIED NEVER MAI	RRIED 9 BALTIMO	ORE CITY OR COUN	TY OF DEATH	
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5	10 C	ITY OR TOWN OF DEATH	<ul> <li>NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR</li> </ul>	SING HOME OR OTHER INSTITUTE ( EET ADDRESS)		OCCUPATION RK FOR MOST OF WORKING	126 KIND OF INDUSTRY	BUSINESS
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2		WAS DECEASED EVER IN U.S. ARME		CURITY NO. 17 INFORMANT		ADDRESS		
		NO	21301	2934 HENRY	SCHWARZ	6120 AT.T	A AVE	
		18 CAUSE OF DEATH (Enter only o	one couse per line for (a), (b),	and ic CONGESTIV	E HEARL F	AILURE	APPROXIMA BETWEEN ON	ATE INTERVAL
event,		PART I. DEATH WAS CAUSED E	/ File ( a #	his thean	that fall	ZHAR WAR	CULAD	
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froumotic		Conditions, if any, which	( 15)	ASC	VD			
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Olice		underlying couse last.	(c)	ROEINCE OF				
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av	7 8	19a. DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORM	ED 200 AUT	OPSY? 20b. IF Y	ES, WERE FINDING	S USED
o	E				YES 🗌		YES []	NO 🗍
2	/	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 216 HOW INJU	RY OCCURRED (ENTERN	ATURE OF INJURY IN ITEM 18	8, PART 1 OR PART 2)	
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,	9	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
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		22h SIGNATURE		DEGREE	A - 1 - 1 - 1 - 1	V-1	22c. DATE SI	IGNED
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<u>§</u> —		N. Vaywala M. BURIAL, CREMATION, REMOVAL		BE NAME OF CEMETERY OR CRE	MATORY 23d LOC	ATION	,aryrai	14 61
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	230. (	SPECIFY)	Carlotte St. St.		CITY	OR TOWN	COUNTY	STATE
	(	BURTAT. UNERAL DIRECTOR	<b>5</b> /25/80	PARKWOOD	CITY	OR TOWN		3/7
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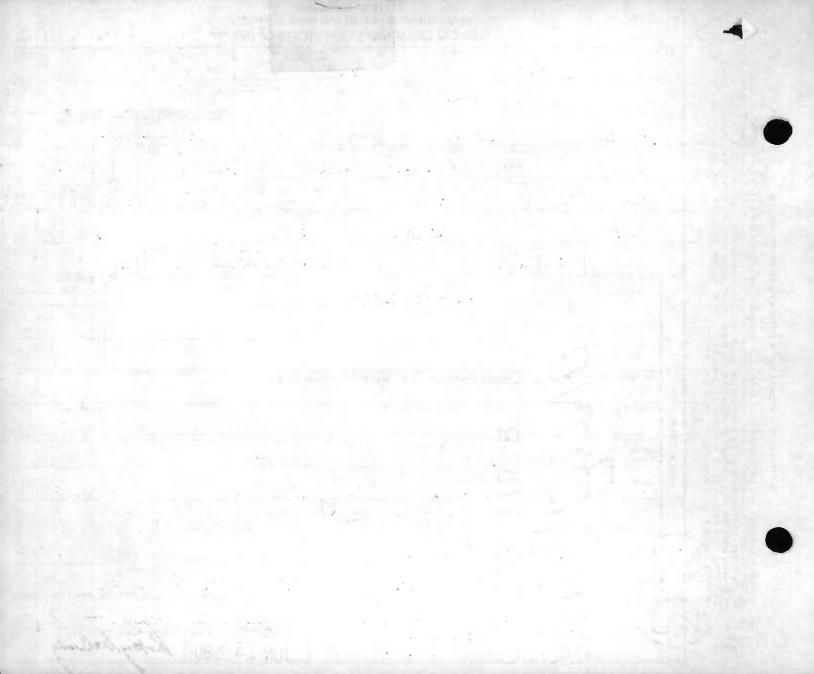
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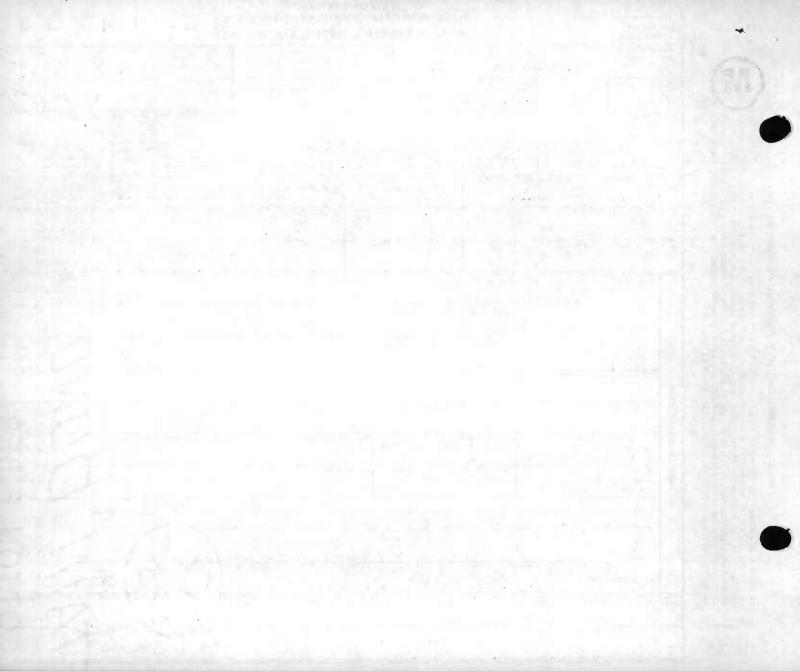
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME SHOCHET 20. DATE KNOWN X (TYPE OR PRINT) OF ESTI-HOURS STREET, Bemjamin Sbooket 20 1980 AGE (IN YEARS IF UNDER 1 YR. . DATE OF BIRTH IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED 17,1925 DEC. 54 YRS DEAD Male White 20 1980 76. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED XX FOREIGN COUNTRY) U.S.A. MARYLAND WIDOWED DIVORCED Baltimore County, 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY BALTIMORE #21207 **TEACHER** SCHOOLS 3205 Mayfair Road BE USUAL RESIDENCE LIFTIN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONAL 113b. COUNTY 13a. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS BALTIMORE MARYLAND NO XXX 3205 MAYFAIR RD. #21207 BALTIMORE 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST LAST AND JULIUS SHOCHET ANNETTE KATZOFF Ö 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT MR. JEROME SHOCKET 16b. SOCIAL SECURITY NO. YES, NO, OR UNKNOWN) 220-20-9979 7004 FIELDCREST RD. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Smoke inhalation DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [6] CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? TO BURIAL YES X NO C 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING TOR MEDICAL CONTRIBUTING CAUSE OF DEATH 5: 30 MAX 6 20 19 80 house fire 3 SI 21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME. 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN Balto., 1201 3205 Mayfair Rd. home Autopsy X 22a, I certify that I taak charge of the remains described above, held an and in my apinian Hamicide Accident Undetermined manner TITLE (SPECIFY) DATE TER DEATH, M.D. Deputy Chiefedical ExaminER 6/20/80 TO MEDICAL EXECUTE THE PAGE 4 SHC TO FUNERAL AFTER DEATH BALTIMORE, A EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. Balto., MD. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236, DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE BURIAL 6-22-80 KOVNA CONG. ROSEDALE BALTO. MD 24. FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 250. DATE REC'D. BY REGISTRAR 25b. RESTRAR'S SIGNATURE **DHMH - 17** 21215 6010 REISTERSTOWN RD., BALTO., MD



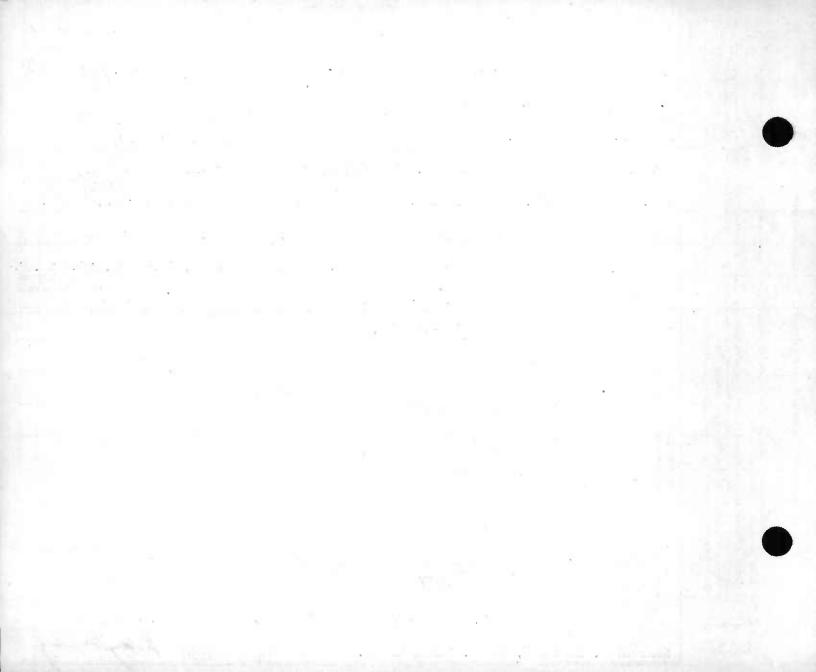
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME In DATE KNOWN (TYPE OR PRINT) OF ESTI-DR. BENJAMIN I. SIEGEL SEX 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR SAST BIRTHDAY) IF UNDER 24 HRS DATE 2, 1910 PRONOUNCED MALE WHITE DEAD 70. BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY)
MARYLAND MARRIED XXX NEVER MARRIED BALTIMORE COUNTY USA WIDOWED [ DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS TIMORE COUNTY GEN. HOSPITAL PHYSTCTAN MEDICTNE RANDALLSTOWN USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) YES NO P 130 STEETGREENWOOD RD. #21208 VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST AND STEGEL BERKOWITZ JOSEPH CLARA OF. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT SPECEL DIVISION MRS. ANN (YES, NO, OR UNKNOWN) 15 GREENWOOD RD BALTO. WWII-ARMY 220-44-0950 YES 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF YES 🗍 NO T 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21e. PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 21f. LOCATION NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE AT WORK AT WORK 220. I certify that I taak charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinian Accident Suicide Hamicide Undetermined manner AFTER DEATH, SIGNATURE EXAMINER'S NAME BALTO, NATIONAL PIKE EDGAR P. WILLIAMSON, M.D. (TYPE OR PRINT) 0 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE COUNTY BURIAL JUNE 9,1980 BALTIMORE HERREW REISTERSTOWN BALTO MD 24. FUNERAL DIRECTOR SOL LEVINSONDOR BROS., INC. 250. DATE REC'D. BY REGISTRAR 25b. DHMH - 17 (VR A15 ME (5)) 6010 REISTERSTOWN RD. 30M 7/73 BALTO., MD



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mo)		3. SE	X	4 RACE		5. DATE C		& AGE (IN YEARS LAST BIRTH	MONTHS DAYS	
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8 6 2		7a. B	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	S. MAPPIE	NEVER MARRIED	1 BALTIMORE CITY O	COUNTY OF DEATH	
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24 hand	a 1875	USU 13e N	AL RESIDENCE (IF NURSING HOME STATE 136 COL Bal	OR OTHER INSTITUTION		E ADMISSION)	131. INSIDE CITY LIMITS?	13. STREET ADDRESS 810 Overb	rook Rd.,	9 Balto.
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e be exected an and co	t, the me	léa V	VAS DECEASED EVER IN U.S. / res. no or unknown) (IF yes, G	RMED FORCES?	216-24-8		ARCHIE M. SM	ADDRESS IITH 201 ERIN WA	NY RD 21136
- 55	or to burial, cremation, or rem any injury, or other traumatic	ION		(c)_	SW arra  DR AS A CONSEQUE  CONTRIBUTING TO D	NCE OF	CVA.	INAL DISEASE OR CONDITION O	GIVEN IN PART 1(0)
The la	shows	CERTIFICATION	190 DATE OF OPERATION		DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 200. IF YES NO L	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
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ATTEN spital or a RECTOR: for use a	t. of Heal		220 I certify that (I) (this has saw the deceased alive ( above, (I) (we) (did) (did					to 6 - 21 - death occurred on the date and h	
ITALOR AT y the hospital RAL DIRECT detached for a	tate Dept		22h SIGNATURE			W.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 6-21-80
TO HOSPITAL retained by the TO FUNERAL should be detact	with the State Del		224 PHYSICIAN'S NAME (TYPE	SHAH			B. C. G. H		
BP	3 4	(	BURIAL CREMATION, REMOVA	June	25 1980	LORRA	EMETERY OR CREMATORY  INE PARK	23d LOCATION CITY OR YOWN WOODLAWN	COUNTY STATE
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901 S. CONKLING ST.

BALTO., 21224. MD.

FOR

REGISTRAR

1. DECEASED NAME

24. FUNERAL DIRECTOR

DHMH-16 25M

(VRA 15, 4) 1/79

FIREDO ROYNAY

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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MONTH

YEAR

IF UNDER 1 YEAR

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH MONTH 76 HOUR (TYPE OR PRINT) QUISA 3. SEX A AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR YEAR HOURS 88 years 91 To BIRTHPLACE Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH STATE OR FOREIGN MARRIED NEVER MARRIED Maryland
18. CITY OF TOWN OF DEATH Baltimore County 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION THE KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET Baltimore River View Nursing Center Housewife BALTIMORE, MARYLAND 21201 USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS Maryland Baltimore Gregor Way YES IX 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDOLE LAST MIDDLE John Curry Marv Wetesell ADDRESS 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) Mr. Barrett Smith, 8114 Sumter Ave. no 8 CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE perleusine Conditions, if ony, which gove rise to immediate couse los, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 280 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [ NO NO F ial-transit ntol Hygic 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 9 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY 0 CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE WHILE NOT WHILE AT WORK 22a. I certify that (1) (this hospital) attended the deceased from sow the deceased alive on deceased olive on obove. (1) (we) (didt)(did not) view the body after death. 20, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED + ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN should be deto with the Stote IMPORTANT: H FUNERAL 22d. PHYSICIAN'S NAME (TYPE OR PRINT 22e ADDRESS EASTERN AVE. Balis. 0 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN 236. DATE STATE (SPECIFY) Burial June 21, 180 Oak Lawn Cemetery Raltimore 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR DHMH - 16 60M 1/75 (VR A 15 (4)) Lilly & Zeiler, Inc. 1901 Eastern Ave.

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A AT Hosp	e p. c		274 SIGNATURE	7	) view the body	outer deal		EGREE					22c. DATE
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MIDDLE Raine Mae **ADDRESS** 2602 Windsor Road APPROXIMATE INTERVAL
BETWEEN ONSET IND DEATH DISEASE OR ONDITION GIVEN IN PART 1(0) 206. IF YES, WERE FINDINGS USED OPSY? IN CERTIFYING CAUSES OF DEATH? NO YES 1 NO [ (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE th occurred on the date and hour and from the causes stated 22c. DATE SIGNED MEDICAL STAFF IRECTOR | PHYSICIAN FRONKTI KASIKTR 23d LOCATION 23c. NAME OF CEMETERY OR PREMATORY Parkville Baltimore Md Parkwood Cemetery 7401 Belair Road

REG. NO DATE OF DEATH MONTH

26. HOU

126 KIND OF BUSINESS OR

Homemaking

DHMH - 16 25M

(VR A 15 (4) ) 9/74

Burial

24 FUNERAL DIRECTOR

FOR

- STATE

REGISTRAR

Lassahn Funeral Home

6/27/80

236. BURIAL, CREMATION, REMOVAL

ADDRESS

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

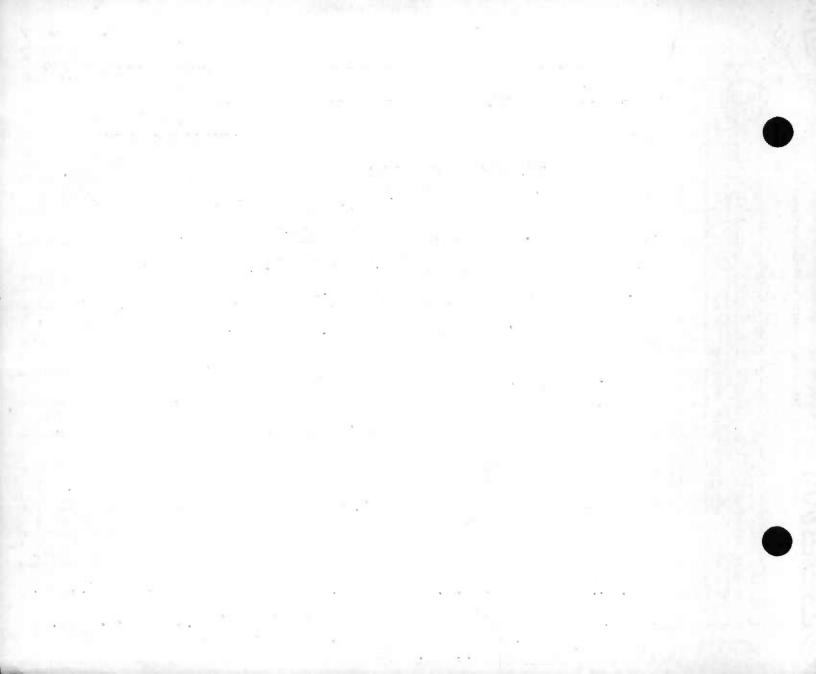
CERTIFICATE OF DEATH

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	3. SE	x Male	White		5 DATE O	of BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YE MONTHS DA	
3	W	RTHPLACE ISTATE OR FOREIGN	U.S.A	HAT COUNTRY?	MARRIE WIDOWE	DENEVER MARRIED		TMORE COU	
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35		AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN Md.	OTHER INSTITUTION, C	Baltimor	ADMISSION)	13d INSIDE CITY LIMITS? YES NO [	13e STREET ADDRESS 344 Joplin	Street	
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more recompose ever	TION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT (	DUE TO, OR  DUE TO, OR  DUE TO, OR  CONDITIONS CO	AS A CONSEQUEI	NCE OF		inal disease or conf	DITION GIVEN IN PART	
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M Tem 21 13 more of mem 17 man	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that (I this hospi sow the deceased alive on above, by (we) (did) (chapa 22b. SIGNATURE)	P.M 21e PLACE O (AT HOME, STREI	A. MONTH DA  N. SF INJURY ET, FACTORY, OFFICE, FA  deceosed from	19 (RM, ETC.)  June 80., or	nd that in (n) (our) opinion of DEGREE  ATTENDING	city OR TOW  to June  deoth occurred on the do	VN COUNTY  24, 19 80  ote and hour and from 1  22c. DA	STATE  L, tho K K (we) lost the couses stoted  TE SIGNED
NA N	23a. E	22d PHYSICIAN'S NAME (TYPEO RUPAX SURIAL, CREMATION, REMOVAL SPECIBURIAL	RPRINT)	17 RA,	AME OF C	7620 York	Road - B	Balto. Co.	STATE
	24. FI	uneral director cholas T. Matth					erec'd. By registrar JN 26 1980		rechady

DHMH - 16 50M 1/76 (VR A 15 (4) )

THE . ON . DILLEY - CONTINUE TO YOUR ARREST OF THE PROPERTY OF JUNE 1980 Rose problems

DESCRIPTION OF THE PROPERTY OF

	1	FOR - STATE REGISTRAR		DEPA	RTMENT OF H	E OF MARTLAND LEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 Q	144	7 3
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age 4 ma) ectu H	3 S	FEMALE	4 RACE WHITE		S DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)  84 YRS	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
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e be exected an and consider 1, the me	160	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? , GIVE WAR OR DATES!	213-01		GODFREY A. ST	ADDRESS TEMPLE 48 ACORT	N CIRCLE	21204
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120  DING PHYSICIAN: The law requires that the death certificate be executed within 24 hour  strending physician.  After this certificate has been signed by the attending physician and completely filled in by  ss the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed  that hand Mental Hyginese prior to burial, cremation, or removal.  marked or Item 18 shows any injury, or other traumatic event, the medical examiner must	z	Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	(b)	OR AS A CONSEC	DUENCE OF	NOT RELATED TO THE TERM	inal disease or condition (	SIVEN IN PART 1	a)
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PHYSICIAN g physician. his certificat rrial-transit E Mental Hygi		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	F DEATH HOUR A	OF INJURY A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM I	B, PART T OR PART 2)	
DIVISION C DDING PHY ittending ph After this c is the burial- lith and Men marked or	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	(AT HOME, ST	OF INJURY TREET, FACTORY, OFFI		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
ATTEN		220. I certify that (I) (this h saw the deceased alto obave, (I) (we) (did) (di	e an 6-09 d nat) view the body	he deceased fro	80		, to <u>6 = 09</u> death occurred on the date ond b	nour and from the	
		226. SIGNATURE	Brith			DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF TO DIRECTOR PHYSICIAN	6-09	9-80
TO HOSPITAL retained by the TO FUNERAL should be detact with the State I IMPORTANT:		S.P. GIRD	HAR			22e ADDRESS	N. CHARLES S	т.	
BP		BURIAL, CREMATION, REMO CREMATION		12,1980		EMETERY OR CREMATORY  EW CREMATORY	23d LOCATION CITY OR TOWN CATONSVILLE		
DHMH-16 25M (VRA 15, 4) 1/79		FUNERAL DIRECTOR NAME MITCHELL-WIEDE	FELD HOME	ADDRESS 6500	YORK RI	IIIN 1	e rec'd. by registrar 200 reg 6 1980	ISTRAPIO SIGNAT	URE

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			STATE OF MARYLAND	
20)	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HY  CERTIFICATE OF DEATH	0 0
0-/	1 DE	CEASED NAME FIRST	MIDDLE . LAST	REG. NO.  28. DATE OF DEATH MONTH DAY YEAR 21. HOUR.
age 3	(TYPE	ORPRINT) CLYFY	FORD E STILL	6 23 80 844
s after d	3 SE	Male	Cauce S DATE OF BIRTH  MONTH 30 04	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IN LINES AND MONTHS OAYS HOURS MIN
dir dir disto	C	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY? MARRIED MEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
		rth Dakota	WIDOWED   DNORCED	174 USUAL OCCUPATION 12% KIND OF BUSINESS OR (TYPE OF MOST OF WORKING LEFT) INDUSTRY
The state of		ltimore	SINAS USPITAL  ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	AVETUST The ARTS
THE BS	130 5	STATE MYD COUNTY	NEW WINDSON YES NO D	13e. STREET ADDRESS 3/2 Church ST.
npletely nd 2 sho	14. F/		MIDDLE LAST 15. MOTHER'S MAIDEN NA	MIDDLE LAST
a a so	14a V	John F VAS DECEASED EVER IN U.S. AR	Imer Still Sarah	Amelia Johnson
ages 1			E WAR OR DATES)	A. Still New Windsor, Md.
nysicia apers. I noval. event			nly one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ng ph nn pa rem natic			TE CAUSE (a) A Colombia Colom	a), Gt Bleed I clay.
endir carbo on, or traum		1539	DUE TO, OR AS A CONSEQUENCE OF	120
move ematic other		Conditions, if any, which gave rise to immediate	(b) Lenal Jailer	u sdays
by 1 e re or		cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF COlom	Ca Byeau
signed en pleas o burial injury,	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN IN PARTYO
s been s prior to ws any	ATR	19a DATE OF OPERATION	19% CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? No. IF YES, WERE FINDINGS USED
ene ene sho	CERTIFICATION			YES NO YES NO
il-transit per nital Hygier I Item 18 s		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
d Men	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY 211 LOCATION	CITY OR TOWN COUNTY STATE
th and N	\$	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET	CITY OR TOWN COUNTY STATE
Heal 21 is			ital) attended the deceased from 19 80 and that in (my) (aux) courses	, to 6/23 , 19 86 , that (I) (we) lost
for use t. of Hea tem 21 is			ot) view the body after death.	death occurred on the date and hour and from the causes stated
RAL DIR detached tate Dept.		276 SIGNATURE	MEG DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF
Stall		226 PHYSICIAN'S NAME (TYPE O	RPRINT) 224. ADDRESS	
TO FUNERAL should be detact with the State IMPORTANT:		CHRISTOPHE	R M. CURLW MD SINAT	KOSPITAL
→ <del>*</del> 3 ≤	(	URIAL, CREMATION, REMOVAL		23d. LOCATION  GREAT COUNTY STATE
P	H	ntombment	6/27/80 Pipe Creek Cemete	ry New Windsor Carroll Md.
DHMH-16 25M	24 FL	MARE DIRECTOR	1 17 HORRYS 1: 10 20 250. DA	TE REC'D. BY REGISTRAR 256. RED ISTRAR'S SIGNATURE

LULIERAN, C PANEZIE monciol nilana domos filts fembi mio. No none Well Schen - 2-3519 Petrical A. Still New Madacon. the Torman combain on an acceptate and only of Walls of the content D. a. Lleit Stor I Sur Villadian, Mid. - was to the second

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	- STATE REGISTR	AR				ERTIFICATE OF	245 8 8	REG. NO.		0
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2 6	EX	FRAN	S. DATE OF BIRTH	6. AGE IN Y	SULL		DEATH	MATED DO	ne 41980	TPM
			MONTH DAY	YEAR LAST BIRTHI	MONTH			ICED	i Color	1d. HOUR
	IALE BIRTHPLACE		TAN 12		RS.		- 19 BALTIM	ORE CITY OR COU	NTY OF DEATH	PM
	MARYI MARYI	AND	US		WIDOW	ED NEVER MARRIED		ALTIMORE		
10.		WN OF DEATH	11. NAME OF HOS	PITAL, NURSING HOM			a. USUAL OCCUP	ATION (TYPE OF WORK	126 KIND OF BUS	MD.
	TOWS		ST JOS	SEPH HOSP			ENGENEEI	R (ING LIFE)	T.V.	
S	UAL RESIDE STATE	NCE JIF IN NURSING HOMI 13b. COU		13c. CITY OR TOWN	ION)	13d. INSIDE CITY LIMITS? 13d	STREET ADDRE	SS	The Later of	
	MARY		LTIMORE	TIMONIUM				RINGSIDE	DRIVE	
4.	FATHER'S N		MIDDLE	LAST CLIT T TALAN		15. MOTHER'S MAIDEN N	NAME	DDLE	LAST	
160	. WAS DEC	ASED EVER IN U.S. A	A.  RMED FORCES?	SULLIVAN		MYRTLE 17. INFORMANT		R. ADDRESS	ROE	
	YES NO, OR I	NKNOWN)   I IF YES, GIN	E WAR OR DATES)	217-09-20		EVELYN M.	SULLTVA		INGSIDE DI	3.
-	18. CAL	SE OF DEATH (Enter o	inly ane cause per line				106	/	APPROXIMATE	INTERVAL
	PAR	I DEATH WAS CAUS	ED BY: ATE CAUSE (a)	Hcute	M	yocardens	P Infan	celepre	BETWEEN ONSET	AND DEATH
H	7	10-		AS A CONSEQUENCE	OF /		1			
10	gav	ditions, if any, whice rise to immediate	re (b)							100
		se (a) stating the <u>unde</u> g cause last.	DUE TO, OR	AS A CONSEQUENCE	OF					
	PART 2 01	HER SIGNIFICANT CONDITION	(c) IS CONTRIBUTING TO DEATH 8	BUT NOT RELATED TO THE TER	AINAL DISEASE	OR CONDITION GIVEN IN PART 1	(a)		1	
Z					OIJERJE	ON CONDITION BITCH IN TAKE I	(e),			
TA	19e. DA1	E OF OPERATION	19b. CONDIT	ION FOR WHICH OPE	RATION W	AS PERFORMED?			20. AUTOPSY?	10.00
CEPTIEICATION	01 535	ONIAL CALLES				- Par - 1 Car 1 Victor			YES 🗆	NOTO.
2	UNDER!	YING OR		MONTH DAY YEA	21c. HC	OW INJURY OCCURRED (E	ENTER NATURE OF INJ	URY IN ITEM 18 PART 1 OR	PART 2)	2-16
MEDICAL	CONTRI	BUTING CAUSE OF		DF INJURY (AT HOME,	211 100	CATION				
- Aug	WHILE	NOT WHILE	STREET, FACTO	ORY, FARM, ETC.)		TREET	CITY OR TOV	VN C	COUNTY	STATE
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	1		ural causes	Accident 5	Autaps	The second second	△」 Inquiry Indetermined ma	, and in my	opinian	
1		1/0 8		1	20	TITELSPECKY			1111	
	SIGNAT	UR MA	lest C	Drine	elia	1126	MEDICAL EXAM	INER SIGN		0
2	EXAMIN	ER'S NAME				101			/	
22	(TYPE O	PRINT)	1021 DATE	Van van de de		ADDRESS	11.100.110		/	
230	{SPECIFY}	EMATION, REMOVAL	JUNE 7,19	23c. NAME OF CE		LEY MEM. CEM	3d. LOCATION CITY OR TOWN		OUNTY STA	TE
24.	FUNERAL D			OU DULANE	I VAL.	WEN. CEM		YSVILLE I	BALTO MD	
	MITCH	ELL-WIEDEF	ELD HOME 6	500 YORK R	D.	2011.1.2	, ,,,,,,	1	7	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST I. DECEASED NAME MIDDLE 2ª DATE OF DEATH MONTH YEAR 2b. HOUR TYPE OR PRINTS Katherine Minetta Sweeting 80 IF LINDER I YEAR 1 SEX 4. RÁCE 5. DATE OF BIRTH 6. AGE JIN YEARS LAST BIRTHDAY) IF UNDER 24 HRS YEAR QAYS HOURS Female 20 08 To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED | NEVER MARRIED COUNTRY Maryland U.S. WIDOWED Baltimore County DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h. KIND OF BUSINESS OR I IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Catonsville House in the Pines Nursing Center Homemaker USUAL RESIDENCE | IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION]
130. STATE
134 COUNTY
136. CITY OR TOWN pe 13e. STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Maryland Baltimore 3718 9th Street NO [ YESXIX 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Edward Wolf Geneva Anna Kesterson 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 16 Fusting Avenue IYES NO OR UNKNOWNI I IF YES, GIVE WAR OR DATES) 213-50-6098 No House in the Pines Baltimore, Md. 21228 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH I CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause 101, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) CERTIFICATION 206. IF YES. WERE MINDINGS USED 9a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? ā IN CERTIFYING CAUSES OF DEATH? YES | NO YES [ NO [ 8 210 ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINERS PM 10 MEDIC 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION I AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 CITY OR TOWN COUNTY STATE NOT WHILE 22a.1 certify that (1) (this hashital) attended the deceased from O, and that in (my) (aux apinion death occurred on the date and have and from the causes stated saw the deceased alive an. above, (1) (was (thd) (did was new the body after death) 22c DATE SIGNED FUNERAL E ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 224 LA SICIAN'S NAME STYPE OF PRINTS 22ª ADDRESS ORT 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial June 16,1980 Loudon Park Baltimore City, Maryland 24 FUNERAL DIRECTOR ADDRESS 6500 York Rd. DHMH-16 25M Mitchell-Wiedefeld Home, Inc. (VRA 15, 4) 1/79

Baltimore, Md

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